CERTIFICATE OF DEATH

13796

	1900	CERTIFICA	AIL OI DEAII		Reg. Dist. No.
PLACE OF DEATH a. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md		ion: Residence before admission) Mont
b. CITY OR TOWN (I RURAL ond give no Chevy C		c. LENGTH OF STAY IN 1b		vy Chase	RURAL and give nearest town)
OR INSTITUTION	TAL (If not in hospital, give stree angdrum Lane	et oddress)	d. STREET ADDRESS	gdrum Lane	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Herbert	Middle	Aldridge	4. DATE Mor	
5. SEX male	white wipov	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9/26/1892	9. AGE (In years lost birthday) 67 yrs.	Months Days Hours Min.
during most of worl	ON (Give kind of work done king life, even if retired) Lithographer		Conn.		U.S.A.
	Thomas Aldri	dge	Augusta	Brooks	
5. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		INFORMANT Wife	ridge,4835	res Chevy Chase, M Langdrum Lane,
Conditions, if a gave rise to i couse (a), stating lying couse last.	the under- (c)	rderioscler		s LDisease	
20° ACCIDENT WA		SCRIBE HOW INJURY OCCURRE			VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUR Hour o. m. p. m.	Whil	La	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City or town)	(County) (State)
21. I certify the alive an	John John S	170	6 , 19 , to 6 occurred at 10 5 m.	_M, fram the causes ar	(that I last saw the deceased above state) 2/2/37ATE SIGNED
22a. BURIAL, EREMATIO REMOVAL (Specify) Durial		22c. NAME OF CEMETERY C		22d. LOCATION (City, town,	or county) (State) Maryland
23. FUNERAL DIRECTOR		ADDRESS Wash	, D.C. 24a. REC'	D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE

or ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 Pages 1 and 2 should be filed with **D FUNERAL PAECTOR**: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages I on the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. by the hospital ar attending physicion. TO HOSPITAL TO FUNERAL VS A15 (4) 15M 9/5B

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THE LEVEL CO. Che vy Cospe 11135 Lengtonia Dans Aldridge C - Thomas Dr. The combit mole a mitte elem 1200.2.U . mades model All Colored a company of the company of the colored and the colo Cononery Thrombosis B. to vose levetse theort D. sene

CERTIFICATE OF DEATH

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RAL ond	give ne	arest town	1)
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٧.		e. IS RES ON A YES	FARM?
Ċ.	11		Year 59
			R 24 HRS.
Months	Days	Hours	Min.
	TIZEN C	OF WHAT	COUNTRY?

246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR DATEC 1 6 '59

	o. COUNTY MOI	NTGOMERY	*	MAR	YLAND	o. STATE D.C		b. COUNTY		nce befor	re odmissi	ion)
	b. CITY OR TOWN (If a RURAL and give near KENSING.	rest town)	ls, write	Dec. 8,		c. CITY OR TOWN (If outside corpo SHINGTON		RURAL ond		irest town)
	d. NAME OF HOSPITAL	L (If nat in haspital, g NSINGTON G	ARDEN	oddress) IS REST HO	ME	d. STREET ADDRESS 7701 GEC		ENUE, N.	W.			DENCE FARM?
	NAME OF DECEASED (Type or print)	Fin EDGA		RICHBELL		ALLABAND	4. DATE OF DEATH		EC.	11		Year 59
	MALE	6. COLOR OR RACE WHITE	WIDOWE		D 🗆	1/27/72		9. AGE (In years last birthday) 87 yrs		R 1 YEAR Days	Hours Hours	R 24 HRS. Min.
	PHARMACIST	g life, even if retired		ail Drugg		TRY 11. BIRTHPLACE (SIG	RE	ountry)		U.S.		COUNTRY
13.	FATHER'S NAME WILLIAM R.	ALLABAND				14. MOTHER'S MAIDEN	N NAME KINNEY	7				
15. (Ye:	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give wer or dates of s		FOCIAL SECURITY NO		rs. Emma C.	Allabar	nd, 7701			, N.V	N.
	18. CAUSE OF DEATH PART I. DEATH L. L	WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO (b) mediate DUE TO	, <u>C</u>	ngester	il	heart for	ailure divase		Kase	ONS	gan gan	DEATH
CERTIFICATION	PART 11. OTHE 20g. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M					NOT RELATED TO THE TEN			VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED? NO
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeo	While	Not while of work	20e. PLA foc	CE OF INJURY (Home, for lory, street, office bldg.,	orm, 20f. (City etc.)	er town)		(County)		(Stote)
	ACTUAL SIGNATURE	t lattended the senses 9 mes C JAMES R. C	Coli	Man Mix	death	, 19.59, 10 occurred at 1.20	AM, from		and on t		te state	
220	BURIAL, CREMATION, REMOVAL (Specify)	12/14/59		FI'. LINC				TION (City, town, CE GEO. ((Stote	•

ADDRESS SILVER SPRING, MD.

funeral director, M CTOR: After this certificate has been signed by the attending physician and campletely filled a detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 or to burial, cremation, as removal, and in any event within 72 haurs after death. page 3 should be detached for use as the burial-transit permit. Then please remave the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs may be reta

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

after death. Page 4

TO HOSPITAL VS A15 (4) 15M 9/55

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

TO FUNERAL

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

CERTIFICATE OF DEATH

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	1. PLACE OF DEATH o. COUNTY MONTGOME	DV	•	MAR	YLAND 2	a. STATE	CE (Where decea	sed lived. If instituti b. COUNTY		before admis	
	b. CITY OR TOWN (If o RURAL ond give neon	utside corporate limit	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOW	N (If outside cor	porote limits, write R	URAL ond give	nearest tow	vn)
		ER SPRING		1 yr.,2 m	nos.	6 SIL	VER SPRI	NG			
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, gi	ve street	oddress)		d. STREET ADDR	ESS			e. IS RE	SIDENCE A FARM?
	MARILEA NUR	SING HOME				8819 Sec	cond Ave	•			NO T
	3. NAME OF DECEASED (Type or print)	Fin JEI	RUSHA	Middle	•	Lost ANNADALI	4. DATE OF DEAT			Day	Year 19 59
-	5. SEX 6	. COLOR OR RACE	7. MARR	HED NEVER MARRI	IED 8. 1	DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y		
		WHITE	WIDOWI	VV	_	/26/80		last birthday) 70 yrs.	Months Da	ys Hours	Min.
Ì	100. USUAL OCCUPATION	(Give kind of work d	one 10b.	KIND OF BUSINESS O	OR INDUSTR	11. BIRTHPLACE	(State or foreign		12. CITIZEI	N OF WHA	T COUNTRY?
	during most of working Homemaker	g life, even if refired)		Own home	2	Vir	ginia		U.	S.A.	
	13. FATHER'S NAME					4. MOTHER'S MAI					
	Robert L. N	ash				Susan	Poor				
1	15. WAS DECEASED EVER II		ES? 16.	SOCIAL SECURITY NO). 17. INFO	RMANT		Add	ress		
	(Yes, no. or unknown) (If)	res, give war or dates of se	rvice)	none		Geo. H.	Manning		d Ave.		
	Conditions, if any, gove rise to imm cause (o), stating the lying couse lost.	nediate (arteri	osel	Paroni	2			?	
	PART II. OTHER	SIGNIFICANT COND	OITIONS C	CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE	TERMINAL DISEA	ASE CONDITION GIV	EN IN PART 1(PERF	AUTOPSY ORMED?
	200. ACCIDENT WAS I	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY C	OCCURRED. (Enter nature of inju	ury in Part I or P	art II of item 18.)			
	ZOc. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yea	While	NJURY OCCURRED Nat while of work	20e. PLACE factor	OF INJURY (Hame, street, office bld	e, form, 20f. (C g., etc.)	ity or tawn)	(Cour	nty)	(State)
		Dec Man	_, 12_5 AUD	Definition of the court	<i>D</i>	9.00 All	Aboress Value of	om the causes of (Street, city or town, Cerus)	De Ry	date stat	
	270. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	226. DATE THEREOF		FT. LINCO			PRII	NCE GEO.	COUNTY,	MARYI	LAND
	23. FUNERAL DIRECTOR'S S WARNER E F	SUMPHREY,	INC.	SILVER S	PRING,	MD . 24a	REC'D BY REGI	11 PM 40	otrar's signal		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13865

CERTIFICATE OF DEATH

13799 Reg Dist No

									Magi mis		
1. PLACE OF DEATH a. COUNTY			MARY		a. STATE		nere deceased	lived. If instituti b. COUNTY		ce befare	admissian)
Montgome	(If outside carporate limi	ts. write	c. LENGTH OF STAY	IN 1b	C CITY OR TO		outside corpor	ate limits, write R	ofolk	nive pears	et town)
RURAL and give I	nearest tawn)						orside corpor	die illinis, wille k	C 2	give neuro	ar iuwiij
Bethesda	ITAL (if not in haspital, g	lun stannt	25 days		Norf				XCK	- 5	
OR INSTITUTION					d. STREET AL						ON A FARM
The Clin	ical Center	, Be	thesda lli	Md .	453 I	Valk	Street	,			YES NO
3. NAME OF DECEASED	Fir	st	Middle		Last		4. DATE OF	Man	sth	Day	Year
(Type ar print)	THEOL	ORE	ROOSEVE	ELT	ARTIS	JR.		DECE	BER	10,	19 5
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D 🔀 B.	DATE OF BIRTH			9. AGE (In years last birthday)			F UNDER 24 F
Male	Negro	WIDOW	ED DIVORCED	DI	Decembe:	c 6.	1945	7) yrs.	Months	Days	Hours Mi
10a. USUAL OCCUPAT	ON (Give kind of work	Jane 10b.	KIND OF BUSINESS OF					untry)	12. CIT	ZEN OF	WHAT COUN
Student	rking life, even if retired		None			/irgi	ทร์จ			TT	S. A.
13. FATHER'S NAME			NOILE		14. MOTHER'S					Ue	D. A.
mbaadama	D Amtha	Can									
	R. Artis, ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17 18150			e Gray				
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)						Record Add			
No			None		ne Clin	cal	Center	, Bethes	3da 14	, Ma	ryland
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ate	lectasis, I		Post	pera	tive			ONSET	val BETWEEN T AND DEAT hours
Canditions, if	DUE TO	A d	ioventricul	lar (Canal					Con	genita
gave rise ta	immediate (201011012002	-cuz	/ C.1.1.CC.22.					0011	BOILT OU
lying cause last	the under-		ral Insuffi	aione	77						
PART II. OT	THER SIGNIFICANT CON				10	THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART		WAS AUTOP PERFORMED? YES NO
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (Enter nature af	injury in I	Part I ar Part	II of item 1B.)			
20c. TIME OF INJU Hour a. m. p. m.		While	NJURY OCCURRED Nat while at work	20e. PLACE factor	OF INJURY (H y, street, affice	ome, farm bldg., etc.	, 20f. (City	or tawn)	(C	County)	(Sto
21. I certify to alive an	hat I attended the December 10	deceas	ed fram Novem	death a	ccurred at_	1:12	ADDRESS (Str	the causes of eet, city or town,	and an th	ne date	stated ab
SIGNATURE	bland t	on	(11/1))M.C)			. Center			2-11-5
PHYSICIAN'S NAME (Type) F	COLAND FOLSE	M.	D.			ation ethes		titutes Maryla		eauth	
220. BURIAL CREMATION OF THE PROPERTY OF THE P	ON, 22b. DATE THEREO	59	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCAT	OCE,	ar county)	2	Valore)
FUZULA F		ne 3	ADDRESS 389-R.J.	exe r	iw'		D BY REGISTR		STRAR'S SIG		

VS A15 (4) 15M 10/57

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	E OF DEATH . P	CERTIFICAT	*** * * * * * * * * * * * * * * * * * *	
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VS A15 (4) 15M 9/58

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Page 4	director,	1
death certificate be executed within 24 hours after death. Page 4	strending physicion and campletely filled in a ne funeral director,	2000
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13866

CERTIFICATE OF DEATH

13800

L			_	GEICH I G	AIE OI DEAII			Reg. Dist	l. No.	
1.	o. COUNTY	Montgomery		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	nere deceased	b, COUNTY	on: Residence Geor		admission)
	Bethesda	(If outside corporate limits nearest town)	, write	162 days	c. CITY OR TOWN (IF a	outside corporo	ote limits, write R	URAL and gi	ve neare	est town)
	OR INSTITUTION	ITAL (If not in hospitol, gi			d. STREET ADDRESS 7219 Spruce	Avenue			100	IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First Patric:		Middle Flaine	Last Atler	4. DATE OF DEATH	Decem		Doy 1	Year 19 5 9
5.	SEX Female	6. COLOR OR RACE		D NEVER MARRIED	8. DATE OF BIRTH 29 January		2. AGE (In years last birthdoy) 7 yrs.	IF UNDER T		F UNDER 24 HRS Hours Min.
	Student	ION (Give kind of work dorking life, even if retired)		one	STRY 11. BIRTHPLACE (Stote Washing	ton, D.		12. CITIZ		S.A.
13	Henry D.	Atler, Jr.			14. MOTHER'S MAIDEN I	t Barne				
15	(es, no, or unknown)	(ER IN U. S. ARMED FORC (If yes, give war or dates of ser	vice)	None	INFORMANT The Med The Clinical				, Ma	ryland
	18. CAUSE OF DE	EATH [Enter only one cou	se per line	for (o), (b), and (c).]					INTER	VAL SETWEEN T AND DEATH
	Conditions, if gove rise to couse (o), stoting lying couse last	ony, which (b). immediate g the <u>under-</u>	live	r and pancrea	extensive in s				unk	months nown
CFRTIFICATION	PART II. O		5.50		T NOT RELATED TO THE TERM			EN IN PART		WAS AUTOPSY PERFORMED? YES NO
1 "		G CAUSE OF DEATH Y MEDICAL EXAMINER)			D. (Enter noture of injury in		II of item 18.)			
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.		While		ACE OF INJURY (Home, form ctory, street, office bldg., etc		or town)	(C	ounty)	(Stote)
	21. I certify to alive on Des ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		R (2	9, and that death	M.D. The Cl Nation	M, fram the ADDRESS (Street inical al Inst		d an the stote) of Hea	date :	
	REMOVAL (Specific	1 Dec. 4.19	59	220 NAME OF CEMETERY C	or crematory	22d. LOCATIO	ON (Çity, town, o	or county/	gin	(Stote)
23	EUNERAL DIRECTO	TI active 2	54 C	ADDRESS AWNIN		D BY REGISTR	24b. REGIS	STRAR'S SIG		

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THE REPORT OF THE PARTY OF THE

Arlington National

Wisconsin Ave. Bethesda Md. DATE DEC 4

ADDRESS

Arlington Va.

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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death ician. physi attending ATTENDING by the haspite FUNERAL page 0

VS A15 (4) 1SM 9/S8

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Lone (Tabatt) Joseph C. Brran Same as £

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6	te, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral denter. Page 4 should be		CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,
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9	3	Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fi	OR
3	e,	U	F

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

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- TOOPS	LYWINIALK 3	CERTITION	il Oi b	LAIII	Reg. Dist.	No.	
PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceased I	ived. If instituti	ion: Residence	before adm	ission)
o. COUNTY Montgomery	MARYLAND	o. STATE	rel	b. COUNTY	mo	Tu	
b. CITY OR TOWN (If outside corporate limits, write RURAL) c. and give necrest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corpora	te limits, write [§]	RURAL ond giv	re naarest to	own)
Derwood R-1	1/2 yrs	* Dery	prod	B	-1		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	l, give street oddress)	A. STREET ADDRESS	allan	Q		ON	RESIDENCE A FARM?
3. NAME OF First	Middle	Last	4. DATE	Month	C	ay 1	Year
(Type or print) Vanc. & Olen	& Barni	house	OF DEATH	1/20	_ 2	5- 1	1955
5. SEX 6. COLO OR RACE 7. MARRIED	P NEVER MARRIED [8.	DATE OF BIRTH	9. /	AGE (In years	IF UNDER TYE		ER 24 HRS.
maile white WIDOWED	DIVORCED	an. 22	1911 4	B birthdoyl yrs.	Months Day	s Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	of Business or Industr' Farm	Y 11. BIRTHPLACE (SIGN		(y)	12. CITIZEN	OF WHAT	
13. FATHER'S NAME		14. MOTHER'S MAIDEN		y C. C	2222	7	
Ernest C. Barnhouse		KXXXX	TAY CT T		opper		
		FORMANT		Address			
57	7-16-97482	er may Bour	whereas	(wite	1 2	tu	2
18. CAUSE OF DEATH [Enter only one cause per line for ((a), (b), ond (c).]					NTERVAL BETW	EEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ronary oc	Elusion				and.	0 ,
4-20. DUE TO	+					en to	7
Conditions, if ony, which) (b)	V						
gove rise to immediate cause (o), stating the underlying DUE TO		64	196				
couse lost. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TER/	MINAL DISEASE CC	ONDITION GIVE	N IN PART I		AUTOPSY DRMED? NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTE	OW INJURY OCCURRED. (Eni	ter noture af injury in Pa	art I or Part II of it	tem 18.)	178		
3 20c. TIME OF INJURY Month, Day, Yeor 20d. INJU	IRY OCCURRED 20e. PLACE	E OF INJURY (Home, far	rm, 20f. (City or I	tawn)	(County)		(Stole)
20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work F	Not while foctor	y, street, office bldg., et	c.)				
21. I certify that I taak charge of the rem		e, held an Autap	sy . Insp	ection A,	Inquiry	M. and	find the
death resulted fram: Natural causes .		The second secon	- burnet	termined co		2, 0	,,,,,
1- 1-					_		
SIGNATURE Tokand VI Bruzz	bat	M.D. CHIEF MEDICAL	EXAMINER [DATE	SIGNED
			CAL EXAMINER	1 ,	7 . 2	()	7
EXAMINER'S FLANK J. Broc.	chart	DEPUTY MEDICAL	L EXAMINER 🕞	/	2-2	2 -3	7
The second secon	NAME OF CEMETERY OR C	REMATORY	22d. LOCATION	(City, town, or	county)	(Stat	le)
Burial Dec. 28, 1959 L	aytonsville	Meth. Ce	em. La	vtonsv	ille.	Md.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC	DBY-REGISTRAR	24b. REGIST	RAR'S SIGNA		
May to Ozarber Layt	onsville. N	Id. DATE		1000	hun S. M	saud.	

VS. A15ME(5) 5M 9/55

T. E. LOS LIGHTS (SO.) I want to be a light of the Liverney and light, see no

	MARY	LAND	STATE DEPA	RTM	ENT OF HEALTH	-BALTIM	ORE, 18			
	1382	26	CERTI	FIC/	ATE OF DEATH	1		Reg. Dist. No	138	803
1, PLACE OF DEATH o. COUNTY	MONTGOMER	Y	MARY	LAND	2. USUAL RESIDENCE (Who o. STATE WASH		l. If institution: b. COUNTY	Residence befo		on)
b. CITY OR TOWN (RURAL and give n	If outside corporate lim	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If o	utside corporate li	mits, write RUR	AL ond give nee	prest town	,
Takoma Pai			3 Yrs		Washin	ngton I). C.	47 x	-3	
OR INSTITUTION	TAL (If not in hospital, s Rest Home	give street	oddress)		d. STREET ADDRESS 949 Long	gfellow S	St, N.W.	•	e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED (Type or print)		irei:	Middle nia Beard.		Last	4. DATE OF DEATH	Month	# 12/	5/59	reor
5. SEX			RIED NEVER MARRIE	рП	B. DATE OF BIRTH	9. AC	SE (In years III	FUNDER 1 YEAR		
F	W	WIDOW	to to	_	9/2/1875	las 84		Months Doys	Hours	Min.
100. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS O	RINDU	STRY 11. BIRTHPLACE (Stote		-	12. CITIZEN C	F WHAT	COUNTRY
Hall	king life, even if retired)	Home		Leesbur	re Va.		U.	S.A.	
13. FATHER'S NAME		100			14. MOTHER'S MAIDEN N					
		Gheer	n		Unknoy	wm.				
15. WAS DECEASED EVI	ER IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO	. 17. 1	INFORMANT		Addres	3		
[Tel. no. or unknown]	(If yes, give war or dates of	retvice)		B	ertie M Caffre	ey, 949	Longf	ellow S	t B.,	W.
Conditions, if a gove rise to a couse (a), stoling lying couse lost.	the <u>under-</u> DUE TO)	arten	ATH BUT	Cicosio	NAL DISEASE CON	ADITION GIVEN	N IN PART 1(o)	- 2 9. WAS A	AUTOPSY
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of injury in F	Part I or Part II of	item 18.)		YES [RMED?
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. I While of wor		20e. PL fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	, 20f. (City or to	wn)	(County)		(Stote)
21. I certify !! alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ngt I attended the	deceas , 12,		death	1956 to 3 n accurred at 5.06	M, from the ADDRESS (Street, as	causes and			
220. BURIAL, CREMATIC REMOVAL (Specify Burial	12/8/59)F	Cedar Hi			22d. LOCATION		county)	(Stote)
23. FUNERAL DIRECTOR	TELEBRATURE	Son	ADDRESS			D BY REGISTRAR	24b. REGISTE	RAR'S SIGNATU	RE	

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			Section 1	746	
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w . v		A DATE OF THE REAL PROPERTY.	3100 40000	Part of the Part o	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ely filled in the funeral director, Pages 1 and 2 should be filed with

Then please remove carbon papers.

the registrar prior to burial, cremotian, or remavol, and in ony event within 72 hours ofter death

page 3 shauld be detached far use as the burial-transit permit.

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs by the haspital or ottending physician. ECTOR: After this certificate has been signed by the attending physicion ond completely filled in

TO HOSPITAL moy be reto TO FUNERAL

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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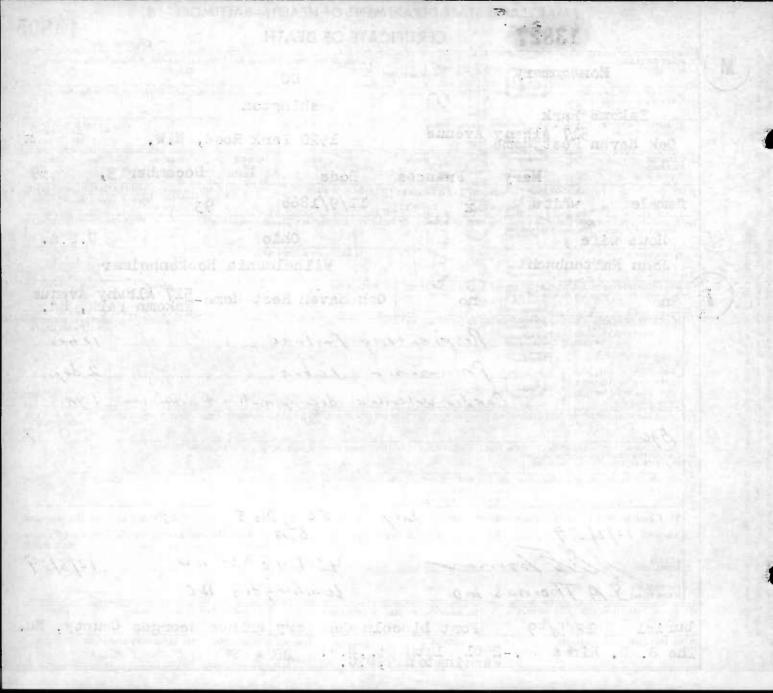
CERTIFICATE OF DEATH

Rea. Dist. No.

13805

-					<u> </u>
)	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WI	nere deceosed lived. If institution b. COUNTY	n: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Takoma Park	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a Washing	ton	RAL and give nearest town) 47 x = 3
0	d. NAME OF HOSPITAL (If not in hospital, give street	Avenue	d. STREET ADDRESS	rk Road, N.W	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type ar print) Mary	Middle Frances	Bode Lost	4. DATE Month OF DEATH Decem	
	female 6. COLOR OR RACE 7. MARR WIDOW	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 11/9/1866		HONDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) Housewife	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Ohi		12. CITIZEN OF WHAT COUNTRY? U.S.A.
	John Kaltenbach		Wilhelm	ne nia Hockent	neimer
I	19. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give wor or dates of service)		ak Haven Re	st Home-51 ddre	Älbany Avenue ma Park. Md.
0	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Respirator Preumonio adio Vascorli	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	ONSET AND DEATH 12 GRS. 2 do ys. 1 yr. N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Y
	7	Not while fo	ACE OF INJURY (Home, forn ctory, street, office bldg., etc		(County) (State)
1	21. I certify that I attended the decease alive an 12/2/59		occurred at 6 A	M, fram the causes and ADDRESS (Street, city or lown, s 873 54, NW	hat I last saw the deceased I an the date stated abave. tote) DATE SIGNED
	220. BURIAL, CREMATION, 22b. DATE THEREOF 12/5/59	20c. NAME OF CEMETERY C	or CREMATORY Ln Cemetery	22d. LOCATION (City, town, or Prince George	0 1 363
	The S. H. Hines Co29	01 lith St	D.C. 24a. REC	D 91 1120.01	TRAR'S SIGNATURE

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CERTIFICATE OF DEATH

Rea. Dist. No.

	3871	nag.	2131. 140.
1	PLACE OF DEATH O. COUNTY MON TOOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue. STATE b. COUNTY 0/0 7	dence before admission) Fac MER,V
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL or	d give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OF INSTITUTION RENSINGTON GARDENS	1502 DOMER AVE	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) JOHN FREDERICK	BOETTCHEP DEATH Wanth	Day Year 1959
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 2-14-72 9. AGE (In years lost birthday) Month Yrs.	ER I YEAR IF UNDER 24 HRS. s Days Hours Min.
10	Od. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRIBUTION OF BUSINESS	11.1.1	CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME Boettcher	Many Engle	
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. III	Obert & afternes 502	Donner Oue
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary O	cclusion.	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b) Coronary Our	tariosclarosis	7
	gove rise to immediate cause (o), stating the under-lying cause last. DUE TO (c) Heneralized	arteriosclerocia	2,
CEDTISICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Dialetes, amputated	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		D. (Enter nature of injury in Port I ar Part II of item 18.)	
MEDICAL	Coc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour o. m. While Not while fact wark at wark at wark	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	(County) (State)
	21. I certify that I attended the deceased fram for alive an of the state of the st	accurred at 12:104M, from the causes and an ADDRESS (Street, city or town, state)	
	SIGNATURE Walter K. angerie	MD. 6300 13 4 St, My Wash (1)	185, 12/14/59
	PHYSICIAN'S NAME (Type)		
	20 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O SEMOVAL (Specify) 12 16.59 Nospeck	Hell Ceny Washington	N DC
23	S. FUNERAL DIRECTOR'S SIGNATURE OLD FLANCIST Home 48/2 Ga (Lee New Date DEC 1 6 '59 24b. REGISTRAR'S	SIGNATURE S. Kraue

offer deoth. Poge 4 the funeral director, move carbon papers. Pages 1 and 2 should be hours after death. **ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hay may be rest. by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please restove carbon papers. Pages 1 and the registror prior to burial, crematian, ar remaval, and in any event within 7 hours after death. TO HOSPITAL VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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the ottending physician and campletely filled in the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with ofter death. the registrar prior ta burial, crematian, ar remaval, and in any event within 72 haurs

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the hospital or attending physician.
ECTOR: After this certificate has been signed by the ottending physician and campletely filled in should be detached for use as the burial-transit permit.

TO HOSP	TO FUNE	poge
	A 15	

				Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who o. STATE		institution: Residence	before admission)
Montgomera	MARYLAND		and	Mon	tgomery
b. CITY OR TOWN (If outside corporate limits, write c. LE RURAL and give nearest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits,	write RURAL and giv	re hearest town)
	weeks	56Silver :	Spring		
d. NAME OF HOSPITAL (If not in hospital, give street addres	s)	d. STREET ADDRESS	1		e. IS RESIDENCE
washing ton Jan. and Ho	ospital	232 Da	le Drive	0	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) S;/aS	rEd ward	Booth	4. DATE OF DEATH	Dec.	Day Yeor 25 1959
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In lost bir	1.1.1	YEAR IF UNDER 24 HR
Male White WIDOWED	DIVORCED [6-22-8	2 1 200 /	hdoy) Months D	oys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZE	N OF WHAT COUNTRY
A	griculture I	pentlirgini	· a ,	U.S	S.A.
13. FATHER'S NAME	STACULOUIC I	14. MOTHER'S MAIDEN N			
Joseph Booth		Mary Unknow	vn.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	L SECURITY NO.	NFORMANT		Address	
(Yes, no, or unknown) (If yes, give wer or dates of service)	e Mrs	Sarah M. Boot	h,232 Dale	Drive,Si	lver Spring
18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c).]		10		INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	roman ar	tene was	Picsence		13 days
4-20.0 DUE TO	1	d //	L		
Conditions if any which	Pulle Re	of discourse of	aryan.		12 days.
gove rise to immediate	CLANGE FOR	d to take to	- 0		15 any
lying couse lost.	whosis and 2	nyocardial wy	arction		
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITI	ON GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
3 Calcilia aostitic	Thenesis				YES NO
	HOW INJURY OCCURRED	D. (Enter noture of injury in F	ort I or Port II of item	18.)	: HIGHE
	OCCUPPED 20e. PL/	ACE OF INJURY (Home, form,	20f. (City or town)	ICo.	unty) (Stote
Hour o.m. While	Not while foc	tory, street, office bldg., etc.		100	(3.01
p. m. ly of work o	ot work	- 5			
21. I certify that I attended the deceased from	am May	, 1959, tale	C25.	1817, that I last	saw the decease
alive an Lecember 24, 1959	_, and that death	accurred at 9:20 A	M, fram the caus	es and an the	date stated above
6 1/-	To be the second	- 0'	ADDRESS (Street, city o	r town, stote)	DATE SIGNE
SIGNATURE SOLM H. MAI	un	M.D. 8239 Glarg	u line Silve	x Spring Mi	d ac 25'5
		1		76	
PHYSICIAN'S NAME (Type) Aaron H. Traum					
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City,	town, or county)	(Stote)
REMOVAL (Specify)					(5.4.4)
	ock Creek Co	240 PEC'I	Washington	. REGISTRAR'S SIGN	NATURE
23. EUNERAL DIRECTOR'S SIGNATURE WATHER E. PUMPHEY, Inc., SI	lver Spring	. M.C.	3 0 '59		
topmond a zicka		DATEUE	0003	arthur & #	ALLA

Cartage II . . . U.S. Agricolinge Unitally Party Co. Mrs. Saret M. Booch, 132 Hole Drive, Stirer Spring Line Comment was her was the same 5 mm 21 Timber Starte South Starter of the second Membras and my thank the color the state of the s A STATE OF THE STA e de la companya de l Harland, John Physics (Spieles Constant) . १९ इन्हें अनुवास्त्र के अधिक से अधिक से अन्योत्तर अने

funeral director, auld be filed with

after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

by the hospital ar attending physician.

ECTOR: After this certificate has been signed by the oe detoched far use as the buriol-transit permit. The

remayal,

gned by the attending physician ond completely filled in permit. Then please remove carbon papers. Pages 1 and in any event within 72 haurs after death.

Robert A. Pumphrey, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

13808

arthur S. Kraus

DATE DEC 3 0 '59

A COLUMN TO THE REAL PROPERTY.	13377	CERTIFIC	AIL OI DEAII	the state of the state of	Reg. Dist. No.
o. COUNTY Montgo	mery	MARYLAND	O STATE MARGINET	ere deceased lived. If institution and b. COUNTY	ion: Residence before odmission) Montgomery
b. CITY OR TOWN (If autsident RURAL and give nearest to Chevy Chase	e carporate limits, write iwn)	c. LENGTH OF STAY IN 18	-9	utside carporate limits, write R Chase	URAL and give nearest town)
d. NAME OF HOSPITAL (IF IN 7205-46th. S	at in haspital, give street of	oddress)	d. STREET ADDRESS /7205-46th	. Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	arry	Simond	s Boteler J	4. DATE OF DEATH DECE	mber 27 195
	olor or race 7. MARRI	D DIVORCED	12-17-97	9. AGE (In years last birthday) 62 yrs.	Moths Pro Hours Min.
Oa. USUAL OCCUPATION (Given during mast of working life Attorney	, even if retired)	kind of Business or ini	d Washingt		12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
Harry S. Bot	eler, Sr.		Amelia He	SS	
(Yes, no, or unknown) (If yes, gi	S. ARMED FORCES? 16. 5	SOCIAL SECURITY NO.	INFORMANT	Add	
Yes Wh		78-01-2235	Zella N. Bot	eler- Item	#2 - Wife
18. CAUSE OF DEATH [Er	nter anly ane cause per lin	e far (a), (b), and (c).	11	r 11	INTERVAL BETWEEN
PART I, DEATH WA	S CAUSED BY: DIATE CAUSE (a)	JU destik	e / teart	tailure	8 mos
420.1	DUE TO	, ,	III T	1 1	
Canditians, if any, wh	ich) (b) / K	Nocar	dial Int	arction	8 mo.
gave rise to immedicause (a), stating the und	ate DUE TO		11	01	
lying cause last.	(c) (C)	ronary	4xtex1	Delerasis	71189
PART II. OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPS PERPORMED? YES NO
	USE OF DEATH	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury in f	Part 1 or Part II of item 18.)	
20c. TIME OF INJURY Mar Havr a. m. p. m.	nth, Day, Year 20d. IN While at wark	Nat while	PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc.		(Caunty) (Stat
21. I certify that I o	ttended the decease	ed from Ta . No ?	1958 to D	05.27 1950	That I last saw the decease
olive on Dec	24 10	-0	. 1204		nd on the date stoted obov
	/	00		ADDRESS (Street, city ar tawn,	
ACTUAL SIGNATURE	ent Tit	sell !!	M.D. 55/6	Alebraska	Are DC, 12/27
PHYSICIAN'S NAME (Type)	pert B,	Havell			/ /
	DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town,	ar caunty) (State)
Burial []	L2-29-59	Parklawn	Cemetery	Rockville.	Marvland
3. FUNERAL DIRECTOR'S SIGN	ATURE	ADDRESS	24a. REC'		STRAR'S SIGNATURE

page 3 should be the registrar priar may be ret TO HOSPITAL VS A15 (4) 15M 9/5B

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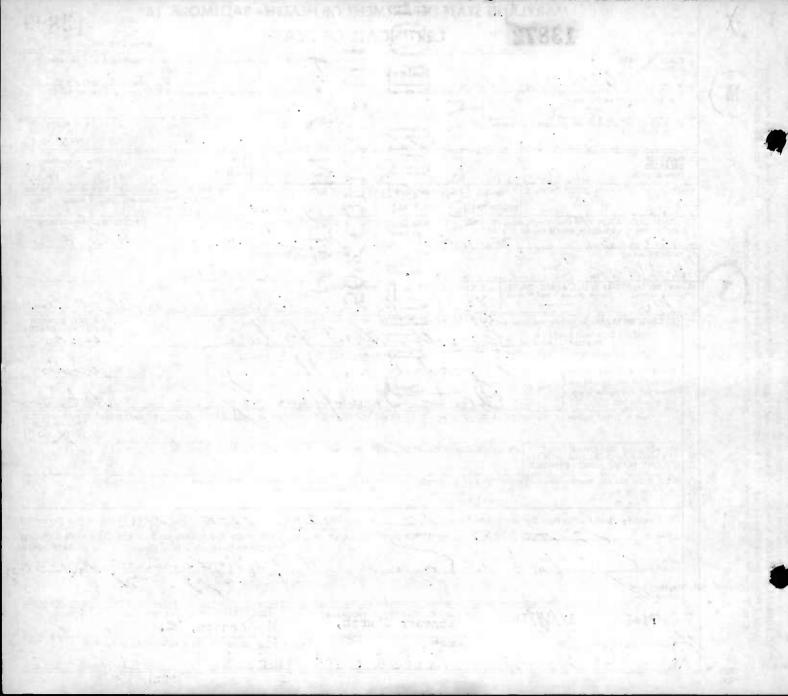
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13875

CERTIFICATE OF DEATH

13809

	TOO 120 CERTIFIC	AIL OI DEAIII	Reg. Dist. No.
•	LACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased live or STATE)	ed. If institution: Residence before admission) b. COUNTY Montgomery
	C. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
	Suburban Hospital (If not in hospital, give street address) OR INSTITUTION Suburban Hospe	1 Batson Ro	e. 15 RESIDENCE ON A FARM? YES NO
-	NAME OF DECEASED Type or print) William Middle S Middle	BOWEN 4. DATE OF DEATH	Month Day Yeor
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2	B. DATE OF BIRTH 9.	AGE (In years ost birthdoy) Months Doys Hours Min
-	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDIducing most of working life, even if retired)	6. Maryland	12. CITIZEN OF WHAT COUNTR
-	Withiam George Bowen	14. MOTHER'S MAJOEN NAME 13037	ton
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	explen Edward	Lee Bishop Sar
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Hone La. 1	INTERVAL BETWEEN
	421.1 DUE TO Conditions, if ony, which)	I Millione	weeks
	gove rise to immediate couse (a), stating the under- lying couse lost. (b) DUE TO Output (c)	nsufferency	Huknom
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	UT NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES X NO [
CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II o	of item 1B.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. F Hour o. m. 19 While of work of otwork	PLACE OF INJURY (Home, form, cotory, street, office bldg., etc.)	town) (County) (Sto
	21. I certify that I attended the deceased fram		5, 195 That I last saw the deceas
	alive an 1957 and that deat	th accurred at Le A.M., fram the	causes and an the date stated above, city, or town, state) DATE SIGN
	ACTUAL SIGNATURE COLOR	M.D. 197	Levinon K 124
	PHYSICIAMS NAME (1/pe)	1.1.1	145 That
			<u> </u>



	19012	CERTIFICA	AIE OF DEAT	п		Reg. Dist. N	lo. 10?	STIL	
1. PLACE OF DEATH o. COUNTY MONTGOM	EDV	MARYLAND	2. USUAL RESIDENCE (VO. STATE	Vhere deceased	b. COUNTY.			sion)	
b. CITY OR TOWN (IF	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
RURAL ond give ne	orest town)	49 DAYS	X GERMANTO						
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, give street		/ d. STREET ADDRESS) W N			e. IS RES	SIDENCE A FARM?	
MONTGOM	ERY COUNTY GEN	ERAL HOSPITAL	RFD #2	Box #5			YES [NO	
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mon	th	Day	Yeor	
(Type or print)	CHAR	LES ALVIN	BOYER	DEATH	DEC	EMBER	3	19 59	
S. SEX		RIEDEN NEVER MARRIED	B. DATE OF BIRTH	9	AGE (In years	IF UNDER 1 YE	-		
MALE	WHITE WIDOW		4/13/89		70 yrs.	Months Day	Hours	Min.	
IOG HSHAL OCCUPATIO	N (Give kind of work done 10h	KIND OF BUSINESS OR INDU		te or foreign cou	7.4	12. CITIZEN	OF WHAT	OUNTRY?	
Farmer-Own	ing life, even if retired)	Farming					2.0		
13. FATHER'S NAME	161	rarming	14. MOTHER'S MAIDEN			US	SA	_	
is. TATTER S TIAME									
WESTLY	BOYER			irah C					
(5. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT		Add	ress			
No			HOSPITAL RECO	DRDS.	OLNEY,	MARYLAND)		
18. CAUSE OF DEAT	TH [Enter only one couse per l					11	TERVAL BI	TWEEN	
PART I. DEAT	TH WAS CAUSED BY:	3ronchop.	110111111	11/1		0	NSET AND	DEATH	
11014						. /	299	75	
	500-102.6	astro- In	TESTING	3/ 17	emor	Mage	3 111	pek	
Conditions, if on gove rise to in	nmediate (b)	evere, Du	E 70 60V	r gen	179/		C. E.O		
couse (o), stoting t lying couse lost.	he under DUEJO	Uning 100	Reten	+ 10 m	due		2 00	ceks	
Z PART II. OTH	ER SHENLEIGAND CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT PETAJED TO THE TER	MINALOISEAGE	CONDITION GIV	EN IN PART 1(o	PERFO	AUTOPSY DRMED?	
	CAUSE OF DEATH!	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	n Port I or Port	II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. While of wo	Not while for	ACE OF INJURY (Home, far ctory, street, office bldg., e		or town)	(Count	(y)	(Stote)	
	at I attended the decea	sed from 12 C to 1	5 1959 to	Dec.	5 10 1	that I last so	aw the c	lacaciad	
alive an De		A CONTRACTOR OF THE PROPERTY O							
dilve dil	/	, dild illoi dedili	decorred diff.		eet, city or town,			TE SIGNED	
ACTUAL SIGNATURE	wholen	mulley	M.D			10	2-4.	59	
PHYSICIAN'S NAME (Type)	SCHUMAC	HER. M. D.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	GA 11	THERSBUR	G, MARYI	LAND		
220. BURIAL, CREMATION	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATI	ON (City, town,	or county)	(Sto	te)	
Burial (Specify)	12/6/59	Darnestown		Darr	estown	Mary	land	5.17	
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	240 PF	C'D BY REGISTR		STRAR'S SIGNAT	400		
Tyson Whee	ler Funeral		Montg DATE	DEC 7 '5		other 8 to	_		

after death. Page 4 the attending physician and completely filled in the the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs by the haspital ar attending physician. **D FUNERAL EXECTOR**: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 an the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL may be ret VS A1S (4) 15M 9/SB

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		TATEFALL AND	SISA PRINCIPA	Hairsongay	
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TO HOSPITAL TO FUNERAL

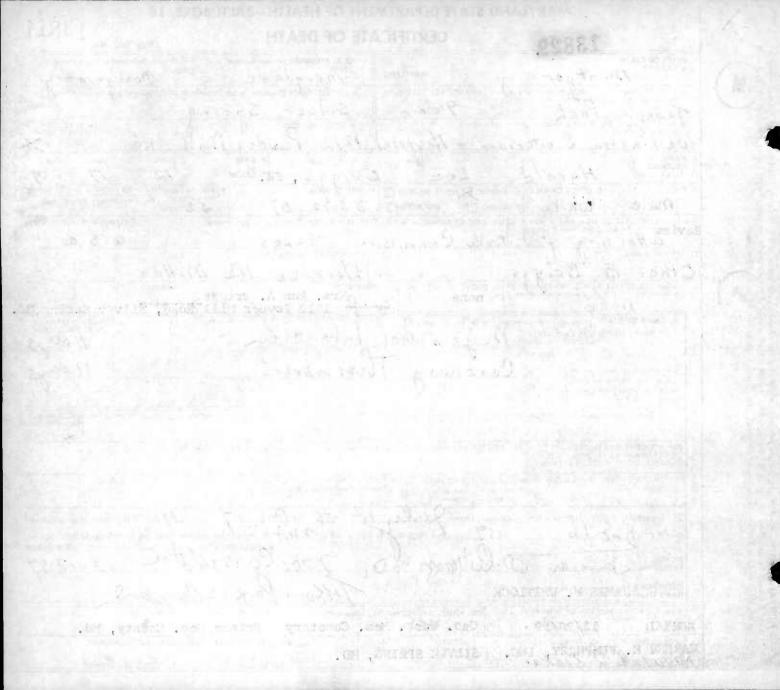
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

13811

12053	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE
Montgomery MARYLA	no margland b. county mortgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Takoma Park 9 days	. 56 Silver Spring
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION,	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Washington Santarium + Hospis	Fall 1812 Powder Mill Rd. YES NOTE
3. NAME OF DECEASED (Type or print) Harold Lee	Br1995 SR DEATH 12 - 17 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
male white widowed DIVORCED [
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR I	INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.CITIZEN OF WHAT COUNTRY
	ssion Texas u.s.a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Other B. Briggs	Florence Mc Millan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give wor or dates of service)	INFORMANT Ann A. Briggs
none	Wife 1812 Powder Mill Road? Silver Spring M
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PAGE A POLO	al Interction
420.1 DUE TO	if P
Conditions, if ony, which) (b) Caronany	I knombosis 11 dans
gove rise to immediate couse (a), stating the under-	
lying couse lost. (c)	
	4 BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAL	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter noture of injury in Port I or Port II of item 18.)
	e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote
Hour o. m. While Not while of work of work	foctory, street, office bldg., etc.)
21. I certify that I attended the deceased from July	4 15, 1956, to Dec. 17, 1954, that I last saw the deceased
	eath accurred at 220AM, from the causes and an the date stated above
and and and and	ADDRESS (Street, city or to/n, stote) DATE SIGNEL
SIGNATURE SMESKIS WESTERN W	Do 7201 Carroll the 12-1259
Tard.	
PHYSICIAN'S JAMES M. WHITLOCK	Tollow Park 12 Marsand
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE	RY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
BURIAL (Specify) 12/20/59 Geo. Wash.	Mem. Cemetery Prince Geo. County, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WARNER E PUMPHREY INC STIVED COD	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
RAYMOUL A SISKA SILVER SPR	ING, MD. DATE DEC 21 '59 arthur & Krous



		13874	CERTIFICA	AIE OF DEAT	П		Reg. Dist.	No.			
1. PL o.	LACE OF DEATH COUNTY Mont	gomery	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla	-	lived. If institution b. COUNTY	on: Residence Montgo		ission)		
b.	RURAL and give no	f outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	GTH OF STAY IN 1b c. CITY OR TOWN (If outside corporol				ote limits, write RURAL and give nearest town)			
d.	OR INSTITUTION	FAL (If not in hospital, give street)		d. STREET ADDRESS	Denfeld	Ave	- 44	ON	SIDENCE A FARM?		
DI	AME OF ECEASED 'ype or print)	Bessie	Middle June	Lost Brooke	4. DATE OF DEATH	Mon 12		Doy 17	Year 19 59		
5. SE	Female	748 L	RRIED NEVER MARRIED DIVORCED DIVORCED	6/29/86	5	2. AGE (In years last birthdoy) 73 yrs.	Months Do	YEAR IF UNI	-		
13. F/	ATHER'S NAME ISAC N VAS DECEASED EVE	king life, even if retired) Clerk (retired) L. Gibbs R IN U. S. ARMED FORCES? In			. Nebra	ıska	er	J.S.A	COUNTR		
		mmediate (DUE TO		Son (John T. Srfure tery throm interiosclere	Tion hose	Item #2		INTERVALIONSET AN 18 DA	D DEATH		
FICATION	Aneu	HER SIGNIFICANT CONDITIONS AS UNDERLYING TO 120b. DE	CONTRIBUTING TO DEATH BUT LE OF WORLD ESCRIBE HOW INJURY OCCURRE	I's		CONDITION GIV	/EN IN PART 1	PERF	AUTOPS ORMED?		
MEDICAL CI	20c, TIME OF INJUR Hour a. m. p. m.	MEDICAL EXAMINER)	INJURY OCCURRED 20e. PL for ork of twork	ACE OF INJURY (Home, forn ctory, street, office bldg., et	m, 20f. (City of c.)	or town) 7, 19.57,		saw the	ed aba		
F	PHYSICIAN'S NAME (Type) BURIAL, CREMATIC	Milal A. C	ridge 22c, NAME OF CEMETERY O	M.D. 10620	Geor	gua av	Lehn	ffer	ote)		
BU	REMOVAL (Specify)	12/19/59	CONGRESSIONAL	CEMETERY	Wash	ington,	D.C.	,	ore)		
W.	UNERAL DIRECTOR RNER E P Dymoud	UMPHREY INC	SILVER SPRING,		'D BY REGISTR		STRAR'S SIGN				

DEUNERAL DIRECTOR: After this certificate has been signed by the attending page 3 should be detached for use as the buriol-transit permit. Then please re the registrar prior to buriol, cremation, or remaval, and in any event within 7. may be reta TO HOSPITAL VS A15 (4) 15M 9/58

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ATTENDING PHYSICIAN: The law

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requires that the death certificate be executed within 24 hau

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CERTIFICATE OF DEATH

	13875	CEKTIFIC	AIE OF DEAIR			Reg. Dist	l. No.	- 20
1. PLACE OF DEATH o. COUNTY Montgome	ry	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Virgin		b. COUNTY		e before odm ndria	ission)
b. CITY OR TOWN (If outside RURAL and give nearest tow	corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corpo	rote limits, write RI	JRAL ond gi	ive nearest to	wn)
Bethesda	····,	7 days	Alexandria		83	x - 3		
d. NAME OF HOSPITAL (IF not OR INSTITUTION			d. STREET ADDRESS	11 of o	nto Ctno	0.4	ON	A FARM?
The Clinical C			219 East Be					☐ NO 🔯
NAME OF DECEASED (Type or print)	First Basil	Middle Henry	Buchanan	4. DATE OF DEATH	Decembe:		Day	1959
. SEX 6. COL	OR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH				YEAR IF UN	
Male Wh	ite wow	ED DIVORCED	August 28, 19	916	13 yrs.	Manths	Doys Haur	Min.
Oa. USUAL OCCUPATION (Give during most of working life,	even if retired)			ar foreign co	ountry)	12. CITIZ	U.S.A.	
Taxi Cab Driv	er	Transportation	On Virginia 14. MOTHER'S MAIDEN N	IAME The	o Francis		O.D.A.	
			14. MOTHER 3 MAIDEN IN	WALE TOWN I	Te Wuste			
Alex Buchanar		The March 1941						
5 WAS DECEASED EVER IN U. S	ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT The Med	ical R	lecord Addr	ess		
no		233-07-6624 !	The Clinical Co	enter.	Bethesd	a 14,	Maryla	ind
IB. CAUSE OF DEATH (Ent	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]						INTERVAL BETWEEN	
PART I. DEATH WAS	CALISED BY						ONSET AN	D DEATH
IMMEDI	ATE CAUSE (o)	Myocardial inf	arction				minu	tes
420.1	Conditions, if any, which) (Calcific aortic dilatation						7 30	
Conditions, if any, which	(D)	Calcific aorti	ic dilatation	4710			5-10	years
gave rise to immediate couse (o), stoting the underlying cause lost.	DUE TO COr	onary arterio	sclerosis and	genera	lized		5-10	years
			JT NOT RELATED TO THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PART	1(o) 19. WA	SAUTOPSY
Cha							PERI	ORMED?
OILI			cholelithiasis RED. (Enter nature of injury in F	P 1 P	t II of Store 10 t		163 %	P 140
PART II. OTHER SIGN Chi 20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	CRIBE HOW INJURY OCCUR	KED, (Enter nature at injury in r	rorr I ar ran	r II or iiem ib.;			
20c. TIME OF INJURY Month			PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.		or town)	(C	ounty)	(Stote
p. m.	19 While	Idol Mulle						
		Vortember	29 , 19 59 , to Dec	combox	6 50			
alive an December	r 6 19	22, and that dea	th accurred at 7:20					
	TO	14		ADDRESS (St	reet, city or town,	stote)	D	ATE SIGNE
ACTUAL SIGNATURE	nli	(NO D.	M.D. The Clin	ical (Center		12,	16/59
)	National	Insti	tutes of	Heal.	th	
PHYSICIAN'S John	T. Potts,	Jr. M.D.	Bethesda	14. N	Maryland			
20. BURIAL, CREMATION, 22b.	DATE THEREOF	22- NAME OF CENTERY			TION (City, town, o	an county'	101	atal
REMOVAL (Specify) 12	-17/59	22c. NAME OF CEMETERY	OK CREMATORY		EGER,	NEST	· VA.	ote)
3. FUNERAL DIRECTOR'S SIGNA	TYPErounteast	ADDRESS AL		D BY REGIST		STRAR'S SIG	1 4	
CUNNINGHAN	1 FUNERAL	Home	VA DATE DE	EC 8 '5	59 0	thun S.	Track	

ed with TO FUNERAL DAZCTOR: After this certificate has been signed by the attending physician and completely filled in the funeral page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be fit the registrar priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4

VS A15 (4) 15M 9/58

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24g. REC'D BY REGISTRAR

DATEDEC 31

24b. REGISTRAR'S SIGNATURE

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page the re 0 VS A15 (4) 15M 9/SB

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

THE STORY OF THE ACT OF SMALL PARTY OF A PRINCIPLE OF A PRINCIPLE

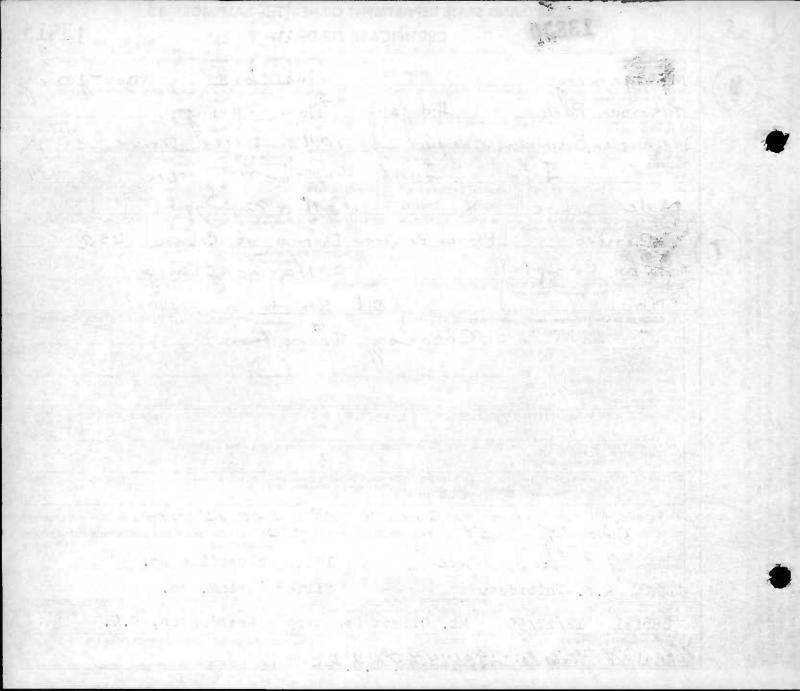
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour after death. Page 4 may be rel. TO FUNEAT SET SET SET SET SET SET SET SET SET SE	MEDICAL CERTIFICATION 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	PLACE OF COUNTY OF THE PROPERTY OF THE PROPERT
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RAL Shauld		PHYSICI NAME (
ro Hospital may be ref ro Funeral page 3 shouther registrar	220	PHYSICI NAME (BURIAL, REMOY, DUI
5 - 5 - +	23	FUNEKAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13830 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 13815

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where de		n: Residence before admission)
Montgomery	MARYLAND	Mariel	b. COUNTY	Montgomes
b. CITY OR TOWN (If outside comporate limits, write RURAL andigive nearest town);	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If quiside	corporate limits, write RU	
Takoma Park	Harus	56 Silver 5	Prina	
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSHITUTION		d. STREET ADDRESS	V I I	e. IS RESIDENCE ON A FARM?
Washington Sanitariums	+ Hospiral	10112 P	ierce Di	YES NO NO
3. NAME OF First	Middle	Last 4. D	ATE Mont	h Day Year
(Type or print)	oseph		EATH De	c. 15 1959
5. SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min.
Male white WIDOW		10-18-83	77 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind af work done 10b during most of working life, even if retired)		STRY 11. BIRTHPLACE (Stote or fare	eign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Plate Prince		of Columbia	U 45a
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Campbell		Catherin	e Clane	y
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	. SOCIAL SECURITY NO.	NFORMANT	Addr	e/s
No	C	1d Records	in Hospi	ral
18. CAUSE OF DEATH [Enter only one couse per li	ine for (o), (b), ond (c).]	0	4	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Coronan	y Thromba	ere	
420.1 DUE TO	/	1		
Conditions, if any, which) (b)	V			
gove rise to immediate couse (o), stoting the under-				
lying cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVE	PERFORMED?
C C C C C C C C C C C C C C C C C C C			0 . 11 . 6 % . 10 %	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS. 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I	or Part II at item 18.)	
	DALLIEN OCCUPATED 20. BI	ACE OF INTUINY (II f 700)	(6)	
Hour o. m. While	Not while foo	ACE OF INJURY (Home, farm, 20f ctory, street, office bldg., etc.)	. (City or fawn)	(County) (Stote)
	ork at work	1		
21. I certify that I attended the decea	sed fram. Dec.	11 , 1959, to 2 R.	C. 13, 1959,1	hat I last saw the deceased
alive on 0 ee - 14 19	34_, and that death	accurred at 75 AM, f	rom the causes and	an the date stated above.
ACTUAL A 7 1/2	0.	ADDR	ESS (Street, city or town, s	tote) DATE SIGNED
SIGNATURE 4-1 MUVOL	Reall	M.D. 10111 Cel	esville Ro	1.
PHYSICIAN'S A.F. Thibadea	ıu	Silver Sp	ring, Md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/17/59	22c. NAME OF CEMETERY OF Mt. Olivet		LOCATION (City, town, or lashington	D. C. (Stote)
23, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY F	REGISTRAR 24b. REGIST	TRAR'S SIGNATURE
The H. Televier Pa 9	901-14th CX W	L. W. D. C DATE DEC	4	
The state of the s	lashing ton. T	DEC	17'59'	Han & Hearth



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH director, filed with Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission filed o. STATE o. COUNTY b. COUNTY MARYLAND ONTECNERU death. uneral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town should d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION haurs YES NO IP 3. NAME OF DECEASED Middle 4. DATE filled (Type or print) DEATH 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours WIDOWED DIVORCED [popers. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY g most of working life, even if retired) WN HOME puo USE U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, affice blda., etc.) Hour o. m. While Not while at work at wark p. m. that I attended the deceased fram. 1952, that I last sow the deceased and that deoth occurred at 10.73 M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) O FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMAJORY 22d. LOCATION (City, town, or coupts) page REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4)

15M 10/57

ON A FARM?

Year

PERFORMED?

(State)

DATE SIGNED

(State)

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	138	77	CERTIFICA	ATE OF DEAT	П		Reg. Dist. No	TOOT
1. PLACE OF DEATH a. COUNTY	ntgomery		MARYLAND	2. USUAL RESIDENCE (VO. STATE		b. COUNTY		
b. CITY OR TOWN RURAL ond give	(If outside corporate lim	G1	NGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corpo		Mont got URAL ond give ne	
d. NAME OF HOSP OR INSTITUTION	TAL (If nat in haspital,		s)	d. STREET ADDRESS 4710 Hu	nt Ave			e. IS RESIDENCE ON A FARM
3. NAME OF DECEASED (Type or print)	CLA		Middle E •	CARRIER	4. DATE OF DEATH	Dec.	th 27,	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH Aug. 3, 19	903	9. AGE (In years lost burthdoy) 50 yrs.	Months 24's	R IF UNDER 24 I Hours Mi
Salesma	ON (Give kind of work rking life, even if retired N	dane 10b. KIND	of Business or INDU	Penna.	ote or fareign co	ountry)	U.S.	A .
13. FATHER'S NAME Albert	Carrier		¥	Pearl Kur		n		acia
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of	service)		nformant)ma Carrier	r - It	em #2 -		
PART I. DE 420.0 Conditions, if gove rise to couse (a), stating lying cause lost	the under-	Cor Ers	procarde mary	dingar Exclusive N	si or	Disac	1001	2 day
CATIO		Wor	٠.	NOT RELATED TO THE TER			/EN IN PART I(a)	PERFORMED YES NO
O (IF EITHER, NOTE	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)					(No. 16)	16	, (6
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye		Nat while fo	ACE OF INJURY (Home, fo ctory, street, office bldg.,	etc.)	or rown)	(Caunty	') (S
actual signature	hat attended the	deceased fr	am, and that death	M.D. 1150	ADDRESS (S	the causes an treet, city ar tawn, Ave., N. D. C.	W. Q	
220. BURIAL, CREMATI	22b. DATE THEREO		NAME OF CEMETERY CO			TION (City, tawn,		nd (State)
23. FUNERAL DIRECTO Robert			thesda, M	aryland DATE	EC'D BY REGIST	PRAR 24b. REGI	STRAR'S SIGNATI	

may be reta by the haspital ar attending physician.

TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL VS A15 (4) 15M 9/5B

fter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

ely filled in Eg. the funeral directat, Poges 1 and 2 should be filed with

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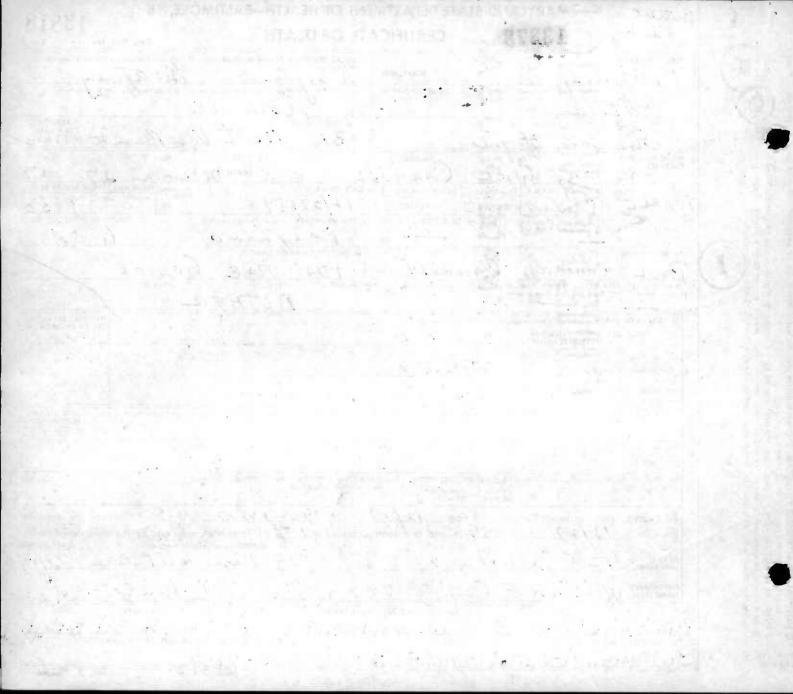
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15M 9/58



TO DEPUTY MEDICAL EXAMINES cute the cute the firate, writing the forward. The Chief Medical TO FUNERAL DIRECTOR: Page 3 agr remayal.

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NEKT. INTS CERTIFICATE STAULD DE EXECUTED WITHIN 24 NOUTS OTTET DEOTH. IT ONLY DELOY IS NECESSORY, PLEASE EXE-	ne ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral decisor. Page 4 should be	e retained far yaur f	3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, gemation,	
Within 24 hours after	. Give Pages 1, 2, c	M3. Page 5 may be	nit. File pages 1 an	(
are shauld be executed	g" in pencil in Item 18	ffice alang with farm f	as a burial-transit perr	
VER: Inis certifico	e ward "pending	cal Examiner's O	3 shauld be used	

W	MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
	MEDICAL EXAMINER'S C		Dist. No. 13819
M	- COUNTY A 4	USUAL RESIDENCE (Where deceased lived. If Institution, Resi	idence before admission)
o puriol	Sarthersleve "life X	c. CITY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest town)
X X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give statet address)	d. Street Address R - 1	e. IS RESIDENCE ON A FARM? YES NO
egistrar	3. NAME OF DECEASED (Type or print) John Pier Caulfie	Lost 4. DATE Month OF DEATH	Day Year 28 1959
£	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE WIDOWED DIVORCED 7	-22-1902 S7 yrs. Months	PRIYEAR IF UNDER 24 HRS. Days Hours Min.
ond 2 wi	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1. BIRTHPLACE (State or foreign country) 12. CI	M.S. G
- C		MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, gife wer or dates of service) Holomatics Holomat	MANT) Address (cloud to)	Stin 2
permit.	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART 1. DEATH WAS CAUSED BY:	lusion	INTERVAL BETWEEN ONSET AND DEATH
burial-fransı	Conditions, if any, which gove rise to immediate cause (o), stoting the underlying course lost.		
os o os o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE Pulmonary Treferendomics 2 Mm	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
9	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	oture of injury in Part I or Part II of item 18.)	
e 3 should	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF Hour a. m. p. m. 19 White of work of work	: INJURY (Home, form, reet, office bldg., etc.) (City or tawn) (C	ounty) (Stote)
DIMECTOR: Page	21. I certify that I took charge of the remains described above, it death resulted from: Natural causes , Accident , Suicide ACTUAL SIGNATURE ALL BURELANT MAD	, Homicide , Undetermined couse	iry , ond find that DATE SIGNED
remaval.	EXAMINER'S FLANK J. BLUSCH 2 MT	ASSISTANT MEDICAL EXAMINER	28-57
و م	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREM	ATORY 22d. LOCATION (City, town, or county)	(Stote)

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

Paither Cury

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

DATE DEC 3 0 '59

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CERTIFICATE OF DEATH	PISTERNA NET L	
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The second secon		
THE BUILDING SHAPE		
and the second s	STATE OF THE PARTY	

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	INERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in Ayrne funeral directar	e 3 should be detoched for use as the buriol-tronsit permit. Then pleose remove corban popers. Poges 1 and 2 shauld be filed with	
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Ine	OR	etoc	o p
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be refer by the hospitol or offending physicion.	DIX	P	registror prior ta buriol, cremotion, or removol, and in ony event within 72 hours often death.
rero	AL	hon	tror
De	VER	3 s	egis

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERT

IEICATE OF DEATH	1384
IFICATE OF DEATH	D. Div. M

	12000	CERTIFIC	AIL OI DEAII		Re	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY MONTG	OMERY	MARYLAND	2. USUAL RESIDENCE (W) a. STATE D.		If institution: R COUNTY	Residence befare	admissian)
b. CITY OR TOWN (If outside RURAL and pive-neorest-to-		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF C			L and give neare	st tawn)
d. NAME OF HOSPITAL (IF NO PRINSTITUTION ACE	t in haspital, give street CHURCH RI	oddress)	d. STREET ADDRESS D	WAY ST.,		е.	IS RESIDENCE ON A FARM? (ES NO)
3. NAME OF DECEASED (Type or print)	First RTHUR	Middle W •	CHASE	4. DATE OF DEATH	Month Dec. 5	Day	Year 19 5 9
S. SEX 6. COI	OR OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 10/30/1873	last		JNDER 1 YEAR IF	UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give during most of working life, RET - ARCHIT	kind of work done 10b	J. S. NAVY	USTRY 11. BIRTHPLACE (State COLORADO	ar fareign country)	1	12. CITIZEN OF W	
13. FATHER'S NAME REV. DEMPSTE	R W. CHASI	E	14. MOTHER'S MAIDEN N UNKNO				
1S. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes, give	S. ARMED FORCES? 16.		INFORMANT STANHOPE CHA	SE,4844	Address CHAIN	BRIDGI	E RD.
Conditions, if any, whi gove rise to immedia couse (o), stating the underlying couse lost.	CAUSED BY: IATE CAUSE (a) DUE TO Ch le DUE TO (c)	nealized	artenisa	MCLEAN,		ONSET Sur 21	AL BETWEEN AND DEATH
	RLYING 20b. DES	rostate	JT NOT RELATED TO THE TERM.				WAS AUTOPSY PERFORMED? ES NO
20c. TIME OF INJURY Mani Hour a. m. p. m.	th, Doy, Year 20d. While at wa	Nat while	PLACE OF INJURY (Hame, farm foctory, street, office bldg., etc)	(County)	(State)
21. I certify that I all alive an	Marken	ood, M.D.	м.в. <u>3208</u> - 3208 1	M, from the co	uses and a ration, state	wash.,	
22 FUNERAL DIRECTOR'S SIGNA	TURE 1756	PA. ADDRESS . , N.	W . 24a. REC'	D BY REGISTRAR	24b. REGISTRA	R'S SIGNATURE	

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 8,9 FilmG254 1-22-60 et CERTIFICATE OF DEATH

1. PLACE OF DEAT									, NO.	
ANA	ontgemery		MARYLA	2. USUAL RESI	DENCE (Whe	re deceosed liv	ed. If instituti b. COUNTY		before admission	1
b. CITY OR TOW RURAL and gi Kensing	/N (If outside corporate limi ve nearest town) TON	its, write c. LEN	NGTH OF STAY IN			tside corporote ington		URAL ond giv	re nearest town) 4-7x-3	
d. NAME OF HO	Prall Aursin	give street address 1g Home)	d. 5TREET / 5424		aska A	ve.		e. IS RESIDE ON A FA YES N	RM?
3. NAME OF DECEASED (Type or print)	So PA	•	Middle C	CLAR	K	4. DATE OF DEATH	DECEL		Day Year	
5. SEX Female	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	0.7			AGE (In years lost birthdoy) 18 90 yrs.	Months D		Min.
10a. USUAL OCCUP during most of	ATION (Give kind of work working life, even if retired	dane 10b. KIND (OF BUSINESS OR		aryla:		(7)		U.S.	NTRY
13. FATHER'S NAME Thomas	Clagett			14. MOTHER'S		th Eic	cher			
15. WAS DECEASED (Yes. no, or unknown)	EVER IN U. S. ARMED FOR (If yes, give wor or dates of s		SECURITY NO.	INFORMANT Elizabe	th Cl	ark -5	Add 1424 N		e Wash.	D
Conditions,	DUE TO	1	1							
couse (a), star lying couse I	o immediate DUE TO	GEN DITIONS CONTRI		12ED A		10306		15	PERFORM	ED?
Couse (a), sta lying couse I PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	o immediate DUE TO ast. (c	GEN DITIONS CONTRIL SEN	GICAL BUTING TO DEATH	12ED A	RTER THE TERMIN	PIOSE L	ERIS	15	1(o) 19. WAS AUT PERFORMI YES N	ED?
Couse (a), star lying couse I PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF IN Hour o.	o immediate purification of the under- asst. (c OTHER SIGNIFICANT CON WAS UNDERLYING [ING [ING [ING [ING ING ING ING ING ING ING ING ING ING	DITIONS CONTRIL SEN 20b. DESCRIBE H	BUTING TO DEATH LLLL OW INJURY OCC OCCURRED OCCURRED OCCURRED OCCURRED OCCURRED	H BUT NOT RELATED TO	RTERMIN THE TERMIN If injury in Po	PIOSE L	DNDITION GIV	VEN IN PART I	PERFORMI YES N	ED?
Couse (a), star lying couse I lying couse II PART II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF IN Hour o. p. 21. I certify	o immediate ast. DUE TO ast. (c OTHER SIGNIFICANT CON WAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER) JURY Month, Doy, Yee m. 19 r that I attended the	DITIONS CONTRIL SEN 20b. DESCRIBE H ar 20d. INJURY (While N of wark at	BUTING TO DEATH LLLL OW INJURY OCC OCCURRED of while work m. DEC.	H BUT NOT RELATED TO CURRED. (Enter nature of the property of	THE TERMIN THE TERMIN If injury in Po Hame, farm, e bldg., etc.)	and Disease Co	DNDITION GIV of item 18.) town)	(Co	PERFORM YES N	(Stote
Couse (a), star lying couse I VID IVID RATE II. 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF IN Hour o. p. 21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	o immediate pue To ast. (c other significant con the significant control of the sig	DITIONS CONTRIL SEN 20b. DE5CRIBE H of wark of deceased from 19 \$ 9 F 22c. 1	BUTING TO DEATH LALT OW INJURY OF OCCURRED OT While I work AME OF CEMETE	H BUT NOT RELATED TO CURRED. (Enter nature of the process of the	Hame, farm, bldg., etc.) to Decrease of the second of the	20f. (City or Land Mark Control of the Control of t	DNDITION GIN of item 18.) town) causes an city or town,	(Co (that) last and an the stote) or county)	PERFORM YES N	(Stote)

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VS. A15ME(5) 5M 9/55

			Reg.	Dist. No.
1. PLACE OF DEATH o. COUNTY			deceased lived. If institution: Re	sidence before admission)
Mintemury	MARYLAND	o. STATE MA	b. COUNTY	ronte
b. CITY OR TOWN (If outside conforate limits, write RURAL and give neorest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	de corporate limits, write RURAL	and give nearest town)
Rockerle	4 4m	26 Rocken	10.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
607 Blanceford a	is - aft 3	607 Blan	April Cor as	YES NO A
3. NAME OF DECEASED (Type or print)	Aflodie (D))F	Day Year
- Cullus	over ce	en	EATH Dec	14 1959
5. SEX 6. COLOR OR RACE 7- MARRIEI		DATE OF BIRTH	lost birthday) Months	DER TYEÁR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KI		TY 11. BIRTHPLACE (Stote or fo		ITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	J. I.H.	16		2286
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		W/ 3 4C
addison Cleur		Gunão X	loud-	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) (If yes, give war or date, pi-sirvice)	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	~
yes in with	U	eranin Cle	u (wit)	Ilen 2
AB. CAUSE OF DEATH Enter only one cause per line for	or (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	prince &	ex luna		ONSET AND DEATH
420.1 DUE TO				- Marie Contract
Conditions, if ony, which) (b)	30			
gove rise to immediate couse				
(o), storing the underlying				S 19 90
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN P	APT 1/2) 10 WAS AUTOPSY
OI -	4		PIOLITIC CONTINUE OF CITY IN THE	PERFORMED?
20g. EXTERNAL CAUSE WAS 20b. DESCRIBE	HOW INJURY OCCURRED (F	ter noture of injury in Port I or	Part II of item 10 1	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	TO THOUSE OCCURRED. (CI	nes notore of injury in Port 1 of	ran ii or iiem ie.)	
	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 120	f. (City or tawn) (County) (State)
Hour a.m. While	Nat while toctor	ry, street, affice bldg., etc.)	i. (City or rown)	coomy; (sidie)
21. I certify that I took charge of the re				uiry 🕍, and find that
death resulted from: Natural causes	, Accident , Suic	ide [], Homicide []	, Undetermined cause [
ACTUAL TO B				DATE SIGNED
SIGNATURE March ! SAN	report	M.D. CHIEF MEDICAL EXAMIN	IER 🔲	DAIL SIGNED
EXAMINER'S FLANK J. F.	Broscharx	DEPUTY MEDICAL EXAM	- / 7 -	14-59
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR C	CREMATORY 22d.	LOCATION (City, town, or county	(Stote)
Bur-Transit 12/16/59	Sunset	Ch	ristiansburg	Virginia
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY	REGISTRAR 24b. REGISTRAR'S	SIGNATURE
Tyson Wheeler Funeral H	RVIlle, Md.	DATE DEC	C 1 8 '59 arthu	of S. Thomas
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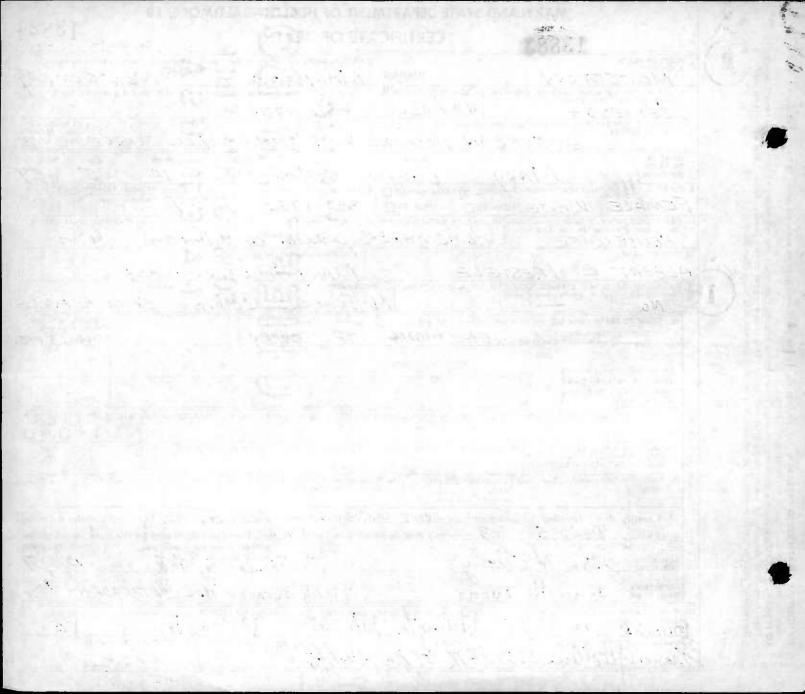
24b. REGISTRAR'S SIGNATURE

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REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE



## HOSP. COPY PART 1388	1	X			MARYL	AND S	TATE DEPAR	TME	NT OF H	EALT	H-BAI	TIMORE,	18			
CITY OR TOWN IN SUPPLIES AND CONTROL OF MARKED CONTROL OF MINES OR INDUSTRY IN SUPPLIES OF MARKED CONTROL OF MINES OR INDUSTRY IN SUPPLIES OR INDUSTRY	8 6) E	OSP.	COPY		DICA	. EXAMINI	ER'S	CERTII	FICAT	TE OF	DEATH	Reg. Di	ist. No.	1	1825
Detailed to the control of the contr	shaulc	M	1. PLAC	E OF DEATH			MARY	AND		The same of the						ssian)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give attreets address) Suburbat, Hospital Middle Corbin ABOUT GUILD JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	age 4	INI	b. Cl	sd give nearest low	(If outside corporate limits, write	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR	TOWN (IF	autside corp					vn)
NAME OF COLORS Part Amount Day Year 19 19 19 19 19 19 19 1		~	d. N/			f not in hospi					y Chas	5e				
Type or print) John A. COTDIN DATE OF BIRTH John John John A. COTDIN DATE OF BIRTH John	r Perio	014			The state of the s	* A						reet				
Male White Widowed Divorced 2/2/96 Male White Widowed Divorced 2/2/96 Male White Widowed Divorced 2/2/96 Male White Widowed On Sushiess or November 1/2 (Cilizen or What Min. Object of the Control of Water Country) Retired Widowed On Widowed On Sushiess or November 1/2 (Cilizen or What Country) Retired Widowed On Widowed On Sushiess or November 1/2 (Cilizen or What Country) Retired Widowed On Widowed On Sushiess or November 1/2 (Cilizen or What Country) Retired Widowed On Widowed On Sushiess or November 1/2 (Cilizen or What Country) Retired Widowed On Widowed On Sushiess or November 1/2 (Cilizen or What Country) Retired Widowed On Widowed On Sushiess or November 1/2 (Cilizen or What Country) Retired Widowed On Widowed On Sushiess or November 1/2 (Cilizen or What Country) Retired Widowed On Widowed On Sushiess or November 1/2 (Cilizen or What Country) Retired Widowed On Widowed On Sushiess or November 1/2 (Cilizen or What Country) Retired Widowed On Widowed On Sushiess or November 1/2 (Cilizen or What Country) Retired Widowed On Widowed On Sushiess or November 1/2 (Cilizen or What Country) November 1/2 (Cilizen or What Country) Retired Widowed On Work Did Ordon, Signal What Country (Country) Retired Widowed On Widowed On Widowed On Widowed On Work Did Ordon, Signal Widowed On Work Did Ordon, Signal What Country (Country) Retired Widowed On Widowed On Widowed On Work Did Ordon, Signal Widowed On Work Did Ordon, Signal What Country (Country) Retired Widowed On Widowed On Work Did Ordon, Signal What Country (Country) Retired Widowed On Widowed On Widowed On Work Did Ordon, Signal What Country Signal What Country Country Did Ordon, Signa	meral your gistra		-DECE	ASED				C		Tue	OF		49 79	Day		50
10. USUAL OCCUPATION (Give Rind of work done) 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY (PROTECTION	the fu				THE RESERVE THE PARTY OF THE PA							last birthdayl				
Retired 14. MOTHERS MAIDEN NAME Francis Corbin 15. WAS DECEASED LYEE MILE S. ADMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address Marry Gallagher			10a. US	JAL OCCUPAT	ION (Give kind of work d		_		1 1 "		or fareign c	7.00	12. CITI	ZEN OF	WHAT	COUNTRY
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Hour o. m. 1957 of work of wor	d 'pe		S CAL	MARY ar CO	ONTRIBUTING []	DESCRIBE	HOW INJURY OCCURI	RED. (Er	iter flature af in	jury in Part	l or Part II	af item 18.)				
21. I certify that I taok charge of the remains described above, held an Autapsy A, Inspection , Inquiry , and find that death resulted from: Natural causes A, Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE AND BOOK ACCIDENT M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S FANK J. BYORCH M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) BUT 18 12/14/59 Gate of Heaven Cem. Silver Spring, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	al Exc 3 shau		7) 20c.			While	_ Not white @	e. PLAC facta	E OF INJURY (I	Hame, farm bldg., etc.))	4	(Cau	inty)		(State)
death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined cause . ACTUAL SIGNATURE	Medic Age	15						abay	re, held an	Autapsy		/ =	Inquir	ville	and f	ind that
SAISME(S) SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 12/14/59 Gate of Heaven Cem. ASSISTANT MEDICAL EXAMINER 22d. LOCATION (City, Town, or county) SILVER Spring, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	hief OR:													, –,		THE WILL
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. crematic PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate Jim write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, e. IS RESIDENCE give street oddress) d. STREET ADDRESS ON A FARM? YES NO W £ 0: registror NAME OF First Middle DATE Month Last Day Year funeral DECEASED (Type or print) DEATH 195 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. and 3 to the retained t last birthday) Months Min. Days Hours WIDOWED | DIVORCED T 42 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? duting most of working life, even if setired) puo be may es 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO with Conditions, if any, which (b) pencil gove rise to immediate couse along DUE TO buri (o), stoting the underlying couse lost. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pending NO Z YES 🗍 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Medical Hour Not while a. m. m of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy Inspection V Inquiry X, and find that death resulted fram: Natural causes V. Accident . Suicide . Hamicide . Undetermined cause MEDICAL e ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** cute the NAME (Type) DEPUTY MEDICAL EXAMINER Orwar 224 BURIAL CREMATION. 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City/town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(S) arthur & Trans 5M 9/55

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CERTIFICATE OF DEATH

13886

8 13827 Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest-town)	c. CITY OR TOWN (Fourside corporate limits, write RURAL and give hearest town)
	d. NAME OF HOSPITAI (If not in hospital, give Irreet address) OR INSTITUTION OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS 10601 Nash Place e. IS RESIDENCE ON A FARM? YES NO DE
g	3. NAME OF DECEASED (Type or print) THE SMITH	COTTRELL 4. DATE Month Day Year DEATH LOLE, 1, 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME, S. Cattrell	14. MOTHER'S MAIDEN NAME EVA arderspr
*	15. WAS DECEASED EVER IN U. S. ARMED FORCES? See no. or unknown (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	Ms Evelyn C. Cathell, (Dame as #2)
I	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost. DUE TO DUE TO (b) DUE TO	
0	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO } NO \(\text{Z} \) YES \(\text{NO } \(\text{Z} \) YES
	CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 While of wark of the other than the p. m.	ACE OF INJURY (Home, farm, later) (County) (State) (County) (State)
	21. I certify that I attended the deceased fram 10/20/ alive on 12/156, 19, and that death	
1	ACTUAL SIGNATURE Jolius J. Ceckry	ADDRESS (Street, city or town, stote) DATE SIGNED MD. 10 6 20 Slatged Que 12/1/59
	PHYSICIAN'S NAME (Type)	filmer Spring med
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF GEMETERY O PREMOVALIFIED DEC. 3, 1959 3W KINCHY	CENTURY (Store Surge Co. Md.
1	23. EUNERAL DIRECTOR'S SIGNATURE D'ALTERNATURE D'ALTERNATION 254 CARROLL SV.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 3 '59 Cuthus S. Kinus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13887 CERTIFICATE OF DEATH

13887 CERTIFICA	ATÉ OF DÉATH Reg. Dist. No. 3828
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY MONTGOMERY MARYLAND	O. STATE MARYLAND b. COUNTY MONTGOMERY
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
SILVER SPRING 3 KEARS	56 12 VER SPRING, MARYLAND
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 8628 INEY BRANCH ROAD	8628 PINEY BRANCH ROAD . IS RESIDENCE ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print) NORA First Middle ARY	CRONIN 4. DATE Manth Day Year OF DEATH DECEMBER 1 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH SEPT. 27, 11892, 9. AGE (In years lost birthdoy) 7, yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind af wark done during/most af warking life, even if retired) HOUSEWIFE 40ME	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. STA,
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MICHAEL KEARDON	MARN Folen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dotes of service)	NFORMANT Addréss PINEY BRANCH RO.
18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AR NOVA	SCULAR (OLLARSE ONSET AND DEATH HOURS
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Conditions, if any, which) (b) HEMORKA	AGE- 6 HOURS.
gave rise to immediate cause (a), stating the under-lying cause last. DUE TO E SO PHAGEA	SL VARICES UNKROWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HEPATIC (IRRHOSIS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO } \subseteq \)
	D. (Enter nature of injury in Part I ar Part II of item 18.)
Haur a.m. While Not while	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State) ctary, street, affice bldg., etc.)
ampin	7= Dec 11 3
21. I certify that I attended the deceased fram. J. DC. /	1933, talt - 11, 1937, that I last saw the deceased
alive an 15, 19, 37, and that death	accurred at 6.15 P.M., from the causes and on the date stated abave.
ACTUAL GOOD / De aco	ADDRESS (Street, city or town, stote) DATE SIGNED OF THE STREET OF THE
	M.D. 1TZOULV STERRETOWN V, UEC. 11, 193
PHYSICIAN'S TOSEPH D. CONNOR M.D.	BETHESON IY MARYLAND
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR PREMATORY Ch. 22d. LOCATION (City, town of county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 573 X	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
W 28 Huntimum Alon Ma.	Gre Aya DATE DEC 1 4 '59 Chothun S. Krana

LISSET & CERTIFICATE OF BEATH

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	cute the fiscate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral of the rank Page 4 should be	farward the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registral priar to burial, cremation,	0.00114
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		PLACE OF DEATH	10000			2. USU	AL RESIDENCE (Where decea	sed lived. If Institu		efore adm	nission)
1		. COUNTY	Montgomer		MARYLAN	0.5	Ma:	rylan	d b. count	Monte	ome	су
M)	1	ond give necrest tow	If autside corporate limits, write m)	RURAL	c. LENGTH OF STAY IN 1	c. C			porote limits, write	RURAL and give	nearest to	own)
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X	1		TAL OR INSTITUTION (I		pital, give street oddress)	d. S	TREET ADDRESS	75 0-	D		ON	A FARM?
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	1	DECEASED (Type or print)	Clarenc		Middle A	C	rowe	OF DEATH	Dec.			Year 19 59
	5. S				D NEVER MARRIED				9. AGE (In years	IF UNDER TYEA		
		Male	White	WIDOWED	DIVORCED	Mass	16. 1	908	lost birthday) 57 yrs.	Months Days	Hours	Min.
	10a	. USUAL OCCUPAT		ione 10b. K	IND OF BUSINESS OR INDU	STRY 11. E	IRTHPLACE (Stat		country)	12. CITIZEN	OF WHAT	COUNTRY?
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_	13.	FATHER'S NAME				14. MO	THER'S MAIDEN					
			rge Crowe				Loue.	llaa	Reep			
-	15. (You	. no. or unknown)	VER IN U. S. ARMED FOI If yes, give war or dates of :	(anima)	55-40-8479	INFORMA			Address			
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			ATH [Enter only one cau ATH WAS CAUSED BY:	se per line 1						ON	FERVAL BETW	ATH
			IMMEDIATE CAUSE (o)		Corona	y oc	clusio	n		1	ound	d dea
		Conditions, if	DUE TO							j	in be	ed
		gave rise to imme	ediate couse						No.			
		(o), stating the couse last.	underlying (c).	HW MI							3	
	Z	PART II. OT	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BU	NOT RELA	TED TO THE TERA	WINAL DISEAS	E CONDITION GIV	EN IN PART 1(a)		AUTOPSY ORMED?
0	CAT										YES 🗍	NO X
	CERTIF	20a. EXTERNAL CA	USE WAS DITRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED	(Enter natu	re of injury in Po	ort I or Port II	of item 18.)			
		CAUSE OF DEATH		las t							111	
	MEDICAL	20c. TIME OF INJU		While	Not while f	ctory, stree	BURY (Home, for t, office bldg., et	m, 120f. (Cit	y or tawn)	(County)		(Stote)
	W	p. m.		of wo							2 (
					emoins described al	_					g, and	find that
		death resulted	d from: Noturo	causes Ex	, Accident , S	niciae [I, Homicia	ie [], U	naererminea c	ouse [
		ACTUAL	7-10	Ba	on hast	M.D.	HIEF MEDICAL E	EXAMINER [1		DATE	SIGNED
4		SIGNATURE	J.	100	0 - 6 100000	M.D.	SSISTANT MEDI					
glu		EXAMINER'S NAME (Type) F	rank J. Br	rosch	art	C	PEPUTY MEDICAL	L EXAMINER	3	12/8	3/59	
	220		ON. 226. DATE THEREO		22c. NAME OF CEMETERY	R CREMAT	ORY	22d. LOCA	TION (City, town, o	or county)	(Stat	le)
		Burial	12-11-5	9	Arlington	Nati			ington,	Virgir		
	23.	FUNERAL DIRECTO	RESIGNATURE DITMID	HREY	Betheso	a M	4	DEC 1		TRAR'S SIGNAT		
	L	ROBEI	A. FUME	IIIIII	Deches	, P1	CL. DATE					

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VS A15 (4) 15M 9/5B

MARYLAN	ID STATE DEPART	MENT OF HEAL	LTH-BAL	TIMORE, 1	8	490	234
13889	CERTIFIC	ATE OF DEA	TH		Reg. Dis		331
	MARYLAND	2. USUAL RESIDENCE o. STATE MARYLANI		ed lived. If institution b. CONNTY.			ission)
utside corporote limits, wri est town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	orate limits, write R	URAL and g	give nearest to	wn)
(If not in hospital, give str		d. STREET ADDRES	S			ON	A FARM?
First Mo R	Middle REBE	Last ECCA DAVIS	4. DATE OF DEATH	Mon DE(h CEMBER	Day 25	Year 19 55
	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	1885	9. AGE (In years lost birthdoy) 74 yrs.		Doys Hour	7
(Give kind of work dane life, even if retired)	10b. KIND OF BUSINESS OR INC		itate or foreign	country)	12. CITI	ZEN OF WHAT	COUNTRY
Hiram Ne	sselrodt	14. MOTHER'S MAID					
N U. S. ARMED FORCES? res, give war or dates of service)	16. SOCIAL SECURITY NO. None	HOSPITAL	RECORDS	Addi OLI		ARYLAN	D

1. PLACE OF DEATH o. COUNTY MONTGOMES			MARY		USUAL RESIDENCE STATE MARYLANI		ed lived. If institut b. COWNT			ore admiss	ion)
	If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corp	orate limits, write	RURAL and	give ne	arest town	1)
OLNEY			4 DAYS	X	OLNEY						
OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS					e. IS RESIDENCE ON A FARM? YES NO X	
	RY COUNTY G	ENER	AL HUSP.							LE2	NO M
3. NAME OF DECEASED (Type or print)	Fir	st Morca	Middle	REBECCA	Last DAVIS	4. DATE OF DEATH	Mo Ne	nth CEMBE	Do		Year 19 59
5. SEX	6. COLOR OR RACE	7. MARE	NEVER MARRI	ED B. D.	Nov. 2	1885	9. AGE (In years lost birthdoy)	IF UNDE Manths			ER 24 HRS. Min.
FEMALE	WHITE	WIDOWI					74 yrs	1			
1	DN (Give kind of work king life, even if retired SWF	dane 10b.	KIND OF BUSINESS C	OR INDUSTRY		tote or foreign	country)	12. CI	TIZEN O		OUNTRY?
13. FATHER'S NAME	DWI.		CUVINA	14	14. MOTHER'S MAIDEN NAME						
	Hiram	Nes	selrodt		REBECO	A K					
15. WAS DECEASED EVE			SOCIAL SECURITY NO	. INFO	RMANT		Add	dress		7,1111	-1 - 1
(Yes, no runknown)	(If yes, give war or dates of s	ervice)	None		HOSPITAL	RECORDS	0 L	NEY,	MARY	LAND	
Conditions, if a gove rise to it couse (o), stoling lying couse lost.	mmediate but TO)	Sporten	sive	Gardes	znec	en des	Jess 1		io ye	2
PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT NO	RELATED TO THE T	ERMINAL DISEA	SE CONDITION GI	VEN IN PA	RT 1(o)	PERFC	AUTOPSY ORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	nter noture of injury	y in Port I or Po	ert II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	20d. II While of wor	NJURY OCCURRED Nat while k of work	20e. PLACE factory	OF INJURY (Home, street, affice bldg.	farm, 20f. (Cit , etc.)	ty or town)		(County)		(Stote
21. I certify the alive an	nat I attended the	deceas			_, 19.3 \(\), ta_curred at 5:5	55 R, fram	the causes a Street, city or tawn	nd on th		e stated	
PHYSICIAN'S NAME (Type)	A. D. Bo	NIFAN	IT, M. D.		S	SANDY SE	PRING, MA	BYLAN	D		
220. BURIAL, CREMATIO REMOVAL (Specify)	Dec. 28	5 5	22c. NAME OF CEM Flower		EMATORY	22d. LOCA	ATION (City, town,			(Stot	
23 NUNERAL DIRECTOR	Sarber	Lay	tonsville	, Má		DEC 3		Orthur			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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8 13832 Reg. Dist. No.

70030			Reg. Dist.	No.
o. COUNTY MONTGOMER	y MARYLAND	2. USUAL RESIDENCE (Where deceaded o. STATE	b. COUNTY How	refore admission)
b. CITY OR TOWN (If autside corporate limits, yr RURAL and give nearest town)	0 -1.	c. CITY OR TOWN (If autside car	parate limits, write RURAL and give	nearest town)
OLNey	3ma 3 ah	West t	MEndShip	13/2
d. NAME OF HOSPITAL (If not in hospital, give store institution of the core of	pundation	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) games	Edward.	Day 4. DATE OF DEAT	10	Day Year 1959
00-10	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH March 29 1875	9. AGE (In years last birthday) Manths Day	AR IF UNDER 24 HRS. /s Hours Min.
Oa. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)		01-1	country) 12. CITIZE	OF WHAT COUNTRY
3. FATHER'S NAME	Farm Owner	14. MOTHER'S MAIDEN NAME		7)
games Day		martha	Ours/ey	
() MAS DECEASED EVER IN U. S. ARMED FORCES? () () () () () () () () () () () () () (None	Mary Mus	Address ME	ed to Md.
PART I. DEATH Enter only one cause property of the course of the cause of the cause of the cause (a). Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. [b] DUE TO [b] DUE TO [c]	Rungh	premonia Wosis	I	NTERVAL BETWEEN DISET AND DEATH
PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
20b. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOWINJURY OCCURRE	D. (Enter nature of injury in Part t or P	ort II of item 18.)	
Hour o.m.		ACE OF INJURY (Home, farm, 20f. (Catary, street, affice bldg., etc.)	ity or tawn) (Caun	(State)
21. I certify that I attended the decalive on 12.	eased from 124 4 959, and that death		.5, 19.54, that I last am the causes and on the (Street, city or town, state)	
ACTUAL SIGNATURE	N .	M.D. Omly	Dermy	15/8/2
PHYSICIAN'S C. H.L	CM NO			
226. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) 12-8-59	22c. NAME OF CEMETERY O		ATION (City, town, or county) J.pha., Md	(State)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REG	ISTRAR 24b. REGISTRAR'S SIGNA	TURE
F.C. Higinbothom, Ellicot	tt City, Md	DATE DEC 8	159 Chillian S.	Time

CERTIFICATE OF DEATH	
	College SALE
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A CONTRACTOR OF THE REAL PROPERTY.	
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E CONTROL WAS GIVEN BY	

VS A15 (4) 15M 10/57

	MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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13891 CERTIFICATE OF DEATH

Reg. Dist. No. 13833

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1.	PLACE OF DEATH a. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (WH	and b. COUNTM	n: Residence be	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and Betfields 9 years	c. CITY OR TOWN (IF o	outside corporate limits, write RU Sda	RAL and give r	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTRUMON Bayard Blvd.	d. STREET ADDRESS 4840 Bay	ard Blvd.		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) LAURA First MAE DECKER	Last	4. DATE Monte of DEATH December	22	Day Year 19 59
	SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH January 28	, 1889 9. AGE (In years lost bridge) yrs.	Monder 1 Ye	AR IF UNDER 24 HRS. Hours Min.
10	d. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRIES OF SUSINESS OR INDUSTRIES OR INDUSTRIES OF SUSINESS OR INDUSTRIES OR INDUSTRIES OF SUSINESS OR INDUSTRIES OR INDUSTRIES OF SUSINESS OR INDUSTRIES OF SUSINESS OR INDUSTRIES OF SUSINESS OR INDUSTRIES OR I		or foreign country) on, D. C.	U.S.	OF WHAT COUNTRY?
	James B. Burch	14. MOTHER'S MAIDEN N		3 ELE	
1	at an another at the state of t	NFORMANT S. Harold H	am-Item #2-		ter
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	nage		0	NTERVAL BETWEEN NSET AND DEATH ESS THEN HOL
	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause last. (b) Generalized arterior (b) DUE TO	eriosclerosis			years
CERTIFICATION		NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in I	Part I or Part II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not while at work 10 to work 10 to 10 t	ACE OF INJURY IHome, farm tary, street, affice bldg., etc	20f. (City or town)	(Count	(Stote)
	21. I certify that I attended the deceased fram. Dec. 28 alive an Dec. 22, 159, and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) C.P.RYLAND	accurred at 3:10	Present , 19 M, fram the causes ar ADDRESS (Street, city or town, s th St. N.W Wast	nd an the d tate)	date stated above. DATE SIGNED
27	bergal (22c. Name of Cemetery Of Cedar Hill (22d. LOCATION (City, town, or Suitland, Ma		(State)
	FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey, Bethesda, Mai	ryland 240. REC'		MAR'S SIGNAT	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 13834

MONTGOMERY b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lewer) SILVER SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 12,502 FELDON STREET 3. NAME OF DECRASED (Type or print) ALZIRE 6. COLOR OR RACE WHITE WIDOWED DIVORCED DIVORCED MARCH 10, 1887 7. MARRIED DIVORCED MARCH MAR	T On A FARM? YES NOT Month Doy Year EMBER 1 19 59 (In years Months Days Hours Min.) 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address Spring, Md.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 12,502 FELDON STREET 3. NAME OF DECEASED (Type or print) ALZIRE (nmi.) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH PEMALE WHITE WIDOWED DIVORCED MARCH 16, 1887 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) STAPLER (retired) PAPER BOX MANUFACTURING CANADA 13. FATHER'S NAME FABIEN LEGER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO.) 17. INFORMANT F. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY.	Month Day Year EMBER 1 19 59 (In years hiday) yrs. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address Spring, Md.
3. NAME OF DECEASED (Type or print) ALZIRE (nmi) DEMERS 4. DATE OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WHITE WIDOWED DIVORCED MARCH MARCH 10, 1887 72 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) STAPLER (retired) PAPER BOX MANUFACTURING CANADA 13. FATHER'S NAME FABIEN LEGER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT F. 11. DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT F. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]	Month Day Year EMBER 1 19 59 (In years heav) yrs. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address Spring, Md.
DECEASED (Type or print) ALZIRE (nmi) DEMERS OF DEATH DEC 5. SEX 6. COLOR OR RACE WHITE WIDOWED DIVORCED MARCH 10, 1887 722 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if relired) STAPLER (retired) PAPER BOX MANUFACTURING CANADA 13. FATHER'S NAME FABIEN LEGER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY.	EMBER 1 19 59 (In yeors heavy) yrs. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address Spring, Md.
FEMALE WHITE WIDOWED DIVORCED MARCH 16, 1887 72 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) STAPLER (retired) PAPER BOX MANUFACTURING CANADA 13. FATHER'S NAME FABIEN LEGER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT F. 19. Show, 12.	yrs. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U. S. A. Address Spring, Md.
FEMALE WHITE WIDOWED DIVORCED MARCH 10, 1887 72 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) STAPLER (retired) PAPER BOX MANUFACTURING CANADA 13. FATHER'S NAME FABIEN LEGER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT F. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY.	yn. 12. CITIZEN OF WHAT COUNTRY? U. S. A.
STAPLER (retired) PAPER BOX MANUFACTURING CANADA 13. FATHER'S NAME FABIEN LEGER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	U. S. A. Address Spring, Md.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT F. (If yes, give war or dates of service) 062-20-9085A Mrs. Robert \$5. Show, 12, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
(If yes, give wer or dates of service) 10 118. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	JUZ FEIGUII ST. SIIVEI
PART I. DEATH WAS CAUSED BY	INTERVAL BETWEEN
I IMMEDIATE CAUSE (a) CURUNARY UCCLIAISTUN	ONSET AND DEATH
14 O a 1	(FONND DEAD IN
Conditions, if ony, which)	BED)
gove rise to immediate cause (o), stating the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS	TION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 1 CAUSE OF DEATH.)	B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work 19 of work 1	(County) (State)
21. I certify that I took charge of the remains described above, held on Autopsy, Inspection	on 🔼, Inquiry 🔼, and find that
death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undeterm	nined couse .
SIGNATURE FRANK O. Browhart M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) FRANK J. BROSCHART DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	DEC.1,1959
22c. NAME OF CEMETERY OR CREMATORY TRANS. & BURIAL 12/5/59 PARISH CEMETERY OGDENSBU	y, town, or county) (State) RG, NEW YORK
23. FUNERAL DIRECTOR'S SIGNATURE WARNER E. PUMPHREY, INC. KAUMEOUR G. JUREA ADDRESS SILVER SPRING, MD. DATE DEC 2 '59	Orthur S. Krona

VS. A15ME(5) 5M 9/55

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death.			b. CITY OR TOWN RURAL and give in	If autoide carporote limit	Is. write c. LEI	NGTH OF STAY IN	1b c.	CITY OR TOWN OF	outside corpo	rote limits, write R			
s offer	074			TAL (If not in hospital, g		1)	d	STREET ADDRESS	Ros	Tan A	VP	ONA	SIDENCE A FARM?
n 24 hau filled in t ges 1 and		3.	NAME OF DECEASED (Type or print)	Fir		Middle	Edw	andés!	4. DATE OF DEATH	Mon		Day	Yeor
within etely fil		5.	Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	CZI	E OF BIRTH		9. AGE (In years last birthday) 7 yrs.	Months Doys	R IF UND	ER 24 FIRS. Min.
d cample of papers		100	. USUAL OCCUPATI	ON (Give kind of wark or rking life, even if retired)	done 10b. KIND (- //			100	12. CITIZEN	OF WHAT	COUNTRY?
cian ond carbon		13.	FATHER'S NAME	onard Edwar				MOTHER'S MAIDEN Travi					
ng physicia remove 72 hours	I	15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FOR Iff yes, give war or dates of so			Mrs.	Wm. T. La	ckland	, 7809 Bo		е.	
attending n please re within 72				ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		o), (b), and (c).]	- 57	2	Sil	ver Sprin	- IIV	TERVAL BE	TWEEN DEATH
by the			401.3	DUE TO	ach	eumil		lever	- Marie	acon .		9	-1-5
requires an. signed sit perm ad in or			gove rise to cause (a), stoting lying couse last.	immediate (8						
physicic os been iol-trans	0	CATION	PART II. OT	HER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH	BUT NOT R	ELATED TO THE TERM	IINAL DISEAS	E CONDITION GIVE	EN IN PART 1(o)	PERFC	AUTOPSY DRMED?
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al or att his certi use os ematian		MEDICAL	20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Yea		lot while_	e. PLACE OF factory, st	INJURY (Home, farr treet, affice bldg., etc	m, 20f. (City	or tawn)	(Count	1)	(Stole)
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CTOR the detail			ACTUAL SIGNATURE	halle	96	2md	M D	900		les el			ATE SIGNED
retoingshould	1		PHYSICIAN'S NAME (Type)	WILLIAM D.	AUD			Selve	en In	being	my	1	
moy be poge 3 the regis		_	BURIAL, CREMATIC REMOVAL (Specify URIAL	1/2/60		NAME OF CEMETER				OMERY COL	r county) UNTY, M	(Stot	
VS A15 (4) 15M 10/57	4	23. W	FUNERAL DIRECTOR ARNER E. Laymand	PUMPHREY, I	NC. Ŝ	ODRESS SILVER SPI	RING,	MD 24a. REC	D BY REGIST	20	TRAR'S SIGNAT		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Reg. Dist. No. 215

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1. PLACE OF DEATH a. COUNTY Montgomery			MARYL		a. USUAL RESIDENCE (WHO ISTATE Maryland	nere deceosed	l lived. If institution b. COUNTY	on: Residence	before	odmissio	on)
b. CITY OR TOWN (III	f autside corporate limits	, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o	outside corpo	rote limits, write RU	JRAL and gi	ve near	est town)	
/	(Rural)		181 days	-	XBethesda						
d. NAME OF HOSPIT	AL (If not in hospital, giv				d. STREET ADDRESS				e	. IS RESII	DENCE
u.S. Naval	. Hospital, E	Sethe	sda Md.		5510 Hoove	r Stre	et			YES	
3. NAME OF DECEASED (Type or print)	First Dean		Middle (n)	F/	Lost RNSWORTH	4. DATE OF DEATH	Decembe		Day 27		ear 959
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 🔲 B.	DATE OF BIRTH		9. AGE (In years	IF UNDER 1		F UNDER	R 24 HRS.
Male	White	WIDOWE	D DIVORCED		1-22-02	3 7 7 7	last birthday) 57 yrs.	Months D	oys	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work do	ne 10b.	KIND OF BUSINESS OF	RINDUSTI	Y 11. BIRTHPLACE (State	or foreign co	ountry)	12. CITIZ	EN OF	WHAT CO	DUNTRY
U.S. Navy	ring life, even if retired)		S. Governme		Kansas			U.	s.		
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME					
Elmer Farns	sworth			W 5.	Angiline	e Smal	1.				
15. WAS DECEASED EVEL	R IN U. S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO.	INF	ORMANT		Addr	ess			
Yes	WW II	vice,		(Wii	e) Ruth B. 1	Farnsw	orth Same	as #	2		
Canditions, if or gave rise to in cause (o), stating lying cause last.	mmediate (CINOMA		PorhARY	νX			2	YE	EAR
CATIC					OT RELATED TO THE TERMI			EN IN PART		WAS A PERFOR	SWED5
	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	Юъ. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in 1	Port I or Par	t II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 19	20d. IN While at work	Not while	20e. PLAC focto	E OF INJURY (Hame, farm ry, street, office bldg., etc	20f. (City	or town)	(Co	ounty)		(State)
alive an 27 I	at I attended the open december	decease , 195	ed fram 29 Jun 19 , and that	ne death c	, 1959, to 27 ccurred at 12:10	M, fram ADDRESS (SI	the causes and reet, city or town,	d an the	date	stated DATE	above SIGNE
	W. TAYLOR C				U.S. Naval				Md		
Cremation Crematio	12-28-59		Fort Line	oln (rematory	Wash	ington D			(State)
W.W. Chambe	signature Charles 1400 Ch	apin	ADDRESS/400 Street N.1	W. WE	STAU 240. REC' AShington D	EC .3 0	RAR 24b. REGIS	TRAR'S SIGN			

O FUNERAL ZXECTOR: After this certificate has been signed by the attending physicion and completely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon popers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 bours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death. Page 4 by the hospital or ottending physician. TO HOSPITAL may be rei VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13832 necessary, please exertor. Page 4 shauld be Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND mt gomer burial b. CITY OR TOWN of outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give negrest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hinal ean itarium NAME OF registro First del Middle DATE Month Lost 3 to the funeral OF DEATH (Type or print) -m1 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. last birthday) Months WIDOWED | with DIVORCED | yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) oug C may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Page 5 may pages SON haustence 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File (If yes, give wer or dates of service) Give executed within 6 ONE PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). in Item 18. PART I. DEATH WAS CAUSED BY: with form IMMEDIATE CAUSE (o) burial-transit DUE TO Conditions, if ony, which **EXAMINER:** This certificate should be in pencil glang gave rise to Immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY os used 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) writing the word Exami should 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, ificate, writing and the Chief Medical E 20f. (City or town) factory, street, office bldg., etc.) Hour While Not while 0. m. at work ot work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Z. Inquiry \(\overline{\pi}\), and find that DIRECTOR: F death resulted from: Natural causes Accident | Suicide . Homicide , Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER forword TO FUNERAL **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City_town, or county)

ADDRESS

13841

e. IS RESIDENCE ON A FARM

YES NO A

Year

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

DATE SIGNED

(Stole)

NO Z

(Stote)

YES |

(County)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

1929

Min.

Day

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VS. A15ME(5) 5M 9/55

THE NEXT STREET, BUT THE PARTY SHAPE

VS. A15ME(5) 5M 9/55

3 to the funeral director. Page 4 shauld be tained for your fill with the registrar pour to burial, aromation,
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13842 Reg. Dist. No.

1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Instituti	an: Residence before admission)
1	montenery MARYLAND	o. STATE b. COUNTY	minto
	b. CITY OR TOWN (If outside corporate justits, write RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write R	URAL and give (earest tawn)
Т	ond give nearest lown) Character Character 15 mg.	X Cherry Chase	
T	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	3614 Sheppand St.	3614 Sheppand	ST YES NO NO
3	DECEASED	Spletsboser 4. DATE Amenth	Day Year
	(Type or print) Frederick William:	Tisher DEATH Ule	3/ 1935
3	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	fact black do s	Months Days Hours Min.
	male white WIDOWED DIVORCED	3-28-1895 64 40.	maints bays noors min.
1	0a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUST during most of warking life, even if retired) CONSULTANT	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Sales Reprise II Self-employed	mich.	11.8 C
Ti	3. FATHER'S NAME Frederick Wm. Spletstoser	14. MOTHER'S MAIDEN NAME	
	1- 1-	9lin Fination	
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	SFORMANT Address	
-	Yes, no, or unknown) (If yes, give war or dates of service)	1 1 1 () (7
=	ves W #1	are Jishur (voge)	Min 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (a) Commany	becker	sudden
1	420,1 DUE TO		
Т	Canditions, if any, which) (b)		
ı	gave rise to immediate cause (a), stating the underlying DUE TO		
	cause last. (c)		to the state of the
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		PERFORMED?
	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Part I or Part II of item 18.)	1000
TE DE LE	E 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	and the state of t	
100		E OF INJURY (Home, farm, 120f. (City or town)	16
O'CLEAN TO	Haur a. m. While Nal while factor	ery, street, affice bldg., etc.)	(Caunty) (State)
1			
1	21. I certify that I took charge of the remains described above	ve, held an Autopsy [], Inspection []	Inquiry Z, and find that
	death resulted from: Natural causes , Accident , Suid	cide 🔲, Homicide 🔲, Undetermined ca	use .
	1 0		
	SIGNATURE Frank O. Syschart	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
		ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S FLANK J. Broscham		1-31-59
2	2a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		county) (State)
r	REMOVAL (Specify) RANS & BURIAL 1/5/60	Jackson, Michi	
-	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24o. REC'D BY REGISTRAR 24b. REGIST	RAR'S SIGNATURE
	WARNER E. PUMPHREY, INC. SILVER SPRING	2.00	Lung S. Kroun
11.5	KOMBO ALLA IZ A AGEO	DAIL IN D	

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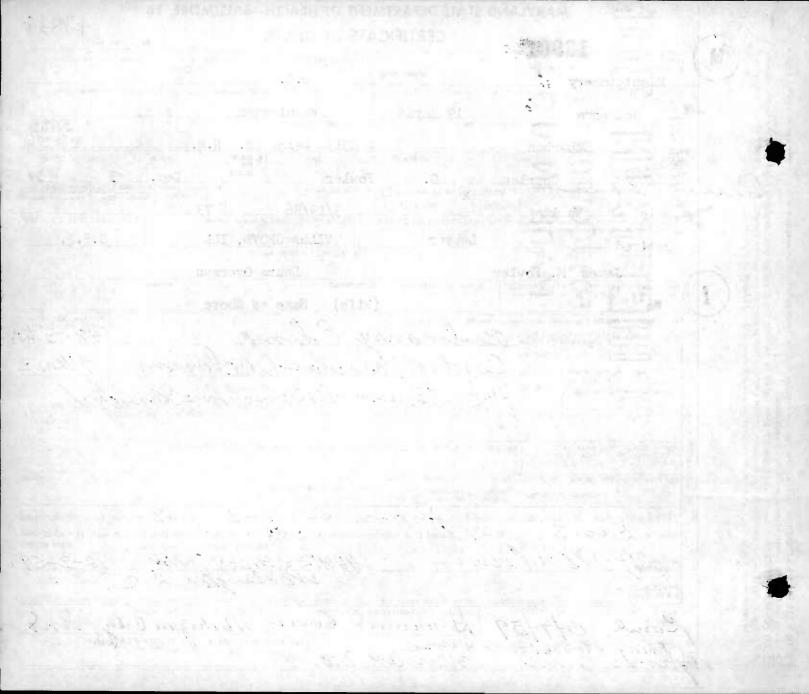
۸A	RYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

13900 CERTIFICATE OF DEATH

13843 Reg. Dist. No.

1	10.	UUT	CERTIFIC	AIL OI DEAIL		Reg. Dist. N	lo.
I	1. PLACE OF DEATH o. COUNTY Montgomer	V	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	b. C	institution: Residence be OUNTY Montgom	
1	b. CITY OR TOWN (If outside con RURAL and give nearest town) Bethesda		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or		write RURAL and give r	nearest town)
	d. NAME OF HOSPITAL (If not in OR INSTITUTION Suburban	hospitol, give stree		d. STREET ADDRESS	Frederick	Ave.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Length	First Inore	Middle	Fitzsimmons	4. DATE OF DEATH	Month Dec.	Pay Year 8 19 59
ı			RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	n years IF UNDER 1 YE	AR IF UNDER 24 HRS.
	Female Whi	te widov	VED DIVORCED	4/16/76	lost birt 83	yrs.	
	10o. USUAL OCCUPATION (Give kir during most of working life, eve Retired	d of work done 10t in if retired)	. KIND OF BUSINESS OR INDI	Lenganore	242	453	OF WHAT COUNTRY?
1	13. FATHER'S NAME	C-4777		14. MOTHER'S MAIDEN N			
1	William F. B			Emma G.	Poole		
	No. WAS DECEASED EVER IN U. S. A (Nes. no. or unknown) (If yes, give we	RMED FORCES? r or dates of service)		INFORMANT	ell. 3690	Address - 38th. St.	N. W.
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFI A DELLOST 20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	leratic ING 20b. DE	CONTRIBUTING TO DEATH BU	lar renal	disease	e	19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year 20d. Whil		PLACE OF INJURY (Home, form octory, street, office bldg., etc.		(Coun	ty) (Stote)
	21. I certify that I atterdive an	Perry ATE THEREOF	22c. NAME OF CEMETERY SJ. Rose Cem	M.D. WBOZ G Silver OR CREMATORY	A, from the cau ADDRESS (Street, city of Congrat A Spring 22d. LOCATION (City Gaithers)	or town, stote) -Ve Ind:	DATE SIGNED 12-8-59 (Stote)
	23. FUNERAL DIRECTOR'S SIGNATU	ne -	Saltuh		DEG 1 0 '59	ab. REGISTRAR'S SIGNA Carthury L. 1	

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13845

CERTIFICATE OF DEATH

	153112							Reg. Dis	t. No.	
o. COUNTY MON	gomery		MARYLAND	O STATE			l lived. If instituti b. COUNTY		te before od	
b. CITY OR TOWN (If a RURAL ond One of	outside corporate limits, est town)	write c. LE	$1/2~\mathrm{hr}$.	c. CITY (outside corpor Derwo	ote limits, write R	URAL ond g	ive nearest t	own)
d. Name of Hospital Medical Ce	ellf not in hospitot, giventer, Sandy	Sprin	g, Md.	d. STREE	T ADDRESS				10	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Do	rothy	Wyckoff	Frale	Lost	4. DATE OF DEATH	Mon 12		Doy 29	Year 1959
Female	White	MARRIED X	NEVER MARRIED	B. DATE OF E			9. AGE (In years lost birthdoy) 63 yrs.		Doys Hou	VIDER 24 HRS
10a. USUAL OCCUPATION during most of workin House		ne 10b. KIND	OF BUSINESS OR INI	DUSTRY 11. BIRT	HPLACE (Stote Iarylar	or foreign co 1d	ountry)	12. CITIZ	U.S.	ATCOUNTRY?
3. FATHER'S NAME				14. MOTH	R'S MAIDEN	NAME				
Jam	es Kinney				Viole	et Jon	es			
15. WAS DECEASED EVER (Yes, no. or unknown) (If	N U. S. ARMED FORCE yes, give war ar dales of servi		L SECURITY NO.	Hospita	al Reco	ords,	Olney, N		and	
Conditions, if ony gove rise to improve couse (o), stoting the lying couse lost.	mediate (FIGNIS CONTR	IRLITING TO DEATH 8	NIT NOT PEI ATE) TO THE TERM	INAL DISEASE	CONDITION GIV	ZEN IN DADT	1(a) 19 W	AS ALITOPSY
CATIC								EN IN PARI	YES	REORMED?
	UNDERLYING [] 20 CAUSE OF DEATH EDICAL EXAMINER)	b. DESCRIBE I	HOW INJURY OCCUR	RRED. (Enter notu	re of injury in	Port I or Port	II of item 1B.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year		OCCURRED 20e.	PLACE OF INJUI foctory, street, o	RY (Home, forn ffice bldg., etc	:.)		28	ounty)	(Stote)
alive an 12.	C. H. Lig	J5 -	, and that dec	M.DM	edical	ADDRESS (SH Cente	.59, 19 the causes an reet, city or town, er, Sandy	d on the stote) y Spri	date sta ng, N	ted abave pate signed Id.
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION			D.,				ION (City, town,			Stote)
REMOVAL (Specify) Burial	1-1-60	St				Red	Land, M	Mont.	Md.	23
23. PONERAL DIRECTOR'S			ADDRESS		7	D BY REGIST		STRAR'S SIG		
Stoy W (Sauler	Lo	vtonevil	LA Md	DATE #	nor # 70	0 0	71 - 0	4	

the registrar prior to buriol, crematian, or remaval, and in any event within 72 hours offer deoth. may be reset by the hospitol or attending physicion.

Subsequently structed by the hospitol or attending physicion and completely filled page 3 shauld be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 A 12 (4)

12 (4)

12 (4)

13 (4)

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITA

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VS A1S (4) 15M 9/SB

2074 313XV4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13903

CERTIFICATE OF DEATH

								Keg. Dist. r	٧٥.
1. PLACE OF DEAT	Н			2. US	UAL RESIDENCE (Where deceos	sed lived. If institut		efore odmission)
	NTGOMERY		MARYL	AND	MARYL	AND	b. COUNTY	MONTGOM	ERY
b. CITY OR TOW	/N (If outside carparate lim ve neorest town)	its, write c.	LENGTH OF STAY IN	V 1b c.			porate limits, write l		
BETH	ESDA	1	. day 17 h	rs. 56	SILVE	R SPRIN	1G		
OR INSTITUTION		give street add	ress) 15 m	in. /d	STREET ADDRESS			W. S	e. IS RESIDEN
SUBURBA	N HOSPITAL				4400 \$	SIGSBEE	ROAD		YES NO
3. NAME OF DECEASED (Type or print)		rst ANCESCO	Middle		Last	4. DATE OF DEATI	Mod H DECEMBE		Day Yeor
S. SEX	6. COLOR OR RACE			B. DAT	E OF BIRTH	20.75	9. AGE (In years	IF UNDER 1 YE	AR IF UNDER 24
MALE	WHITE	WIDOWED [C. 22, 19	959	last birthdoy) O yrs.	Manths Day	17 15
Oa. USUAL OCCUP	ATION (Give kind of work working life, even if retired	dane 10b. KIN	D OF BUSINESS OR	INDUSTRY 1	1. BIRTHPLACE (Sto	ote or foreign	country)	12. CITIZEN	OF WHAT COUN
NONE	working me, even in terree		NE		MARYL	AND		U.S.A	
3. FATHER'S NAME		Att	202	14. /	MOTHER'S MAIDEN			Uablas	h.e.
DOMINI			TAL CECURITY NO			RICIA S	SCHUTZLER	1	
Yes, no, or unknown)	EVER IN U. S. ARMED FOI If yes, give war or dates of		CIAL SECURITY NO.	INFORM	ANI	200		dress	
NO		NON	IE	MRS.E	VELYN TAI	UBER, 12	23 TALBOT	T ST., RC	OCKVILLE,
	DEATH [Enter only one of DEATH WAS CAUSED BY:	ause per line fo	or (0), (b), and (2)]	pla	6		0\		NTERVAL BETWEE
~ .	IMMEDIATE CAUSE (0) (rugen	un	()men	ung	scoele)		
753,	DUE TO	a G	nama	lies	12) cen	track	nerva	us	2 4.
Canditions,	if ony, which)	0)			1 sex	Elem	deflet		2 dery
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lying cause 1	ing the under-	c)							
	OTHER SIGNIFICANT CON	-	TRIBUTING TO DEAT	H BUT NOT R	ELATED TO THE TER	RMINAL DISEA	ASE CONDITION GI	VEN IN PART 1(o	PERFORMED
2		Tool =======				1 0 11 0			YES NO
OR CONTRIBUT	TWAS UNDERLYING [] TING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	206. DESCRIB	E HOW INJURY OC	CURRED. (Ente	r noture of injury	in Part I or Po	ort II of item IB.)		
Y 20c. TIME OF IN Hour a.		ear 20d. INJU	RY OCCURRED 2		INJURY (Hame, fo		ity or town)	(Coun	ty) (S
Haur a.	10	While at work	Not while of work	foctory, st	reet, office bldg.,	etc.)			
> p.	m, 17	at work _	J OI WOLK			-0		G	
21. I certify	that I attended the	e deceased	fram Alle	12.	19_5_Z, to	Re	24, 195	that I last s	aw the deced
alive an	alle 20	, 19	59, and that a	death accu	rred at_U	M, fram	the causes ar	nd an the do	ate stated abo
		0 1	/			ADDRESS (Street, city or town	, stote)	DATE SIG
ACTUAL	O tari	LC &	ance	Dun	170	70	Go gra	Ca .	12/25
SIGINATURE	Post	1		7 M.D.	1	0 0		271	
PHYSICIAN'S NAME (Type)	PATRICK C.	JAMESON	1				Spring	g. Mg	
220. BURIAL, CREMA		OF 22	c. NAME OF CEMET	ERY OR CREM	ATORY	22d. LOC	ATION (City, town,	or county)	(Stote)
REMOVAL (Spe	DEC.26.1	959 1	PARKLAWN C	EMETED	v	MON	NTGOMERY	COUNTY.	MARYLANI
23. FUNERAL DIRECT		101	ADDRESS	THE LET	24a PI	EC'D BY REGI		ISTRAR'S SIGNA	
Warner	E. Pumphrey,	Inc., Si	lver Spri	.ng, Md.				arthur 8, 1	
-1 Teller	2502 00 00	TOOK	12		DATE	DEC 4	0 00	LUVETUMI A. I	CANAL TO THE PARTY OF THE PARTY

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

ON A PRISTURING CHOCK FOUND AND THE PRISTURE CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTHOR OF WASHING (D) ACCURATION (CIT), THE PRISTURN CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTHOR OF WASHING (D) ACCURATION (CIT), THE PRISTURN CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTHOR OF WASHING COUNTY) (County) (Co			Keg.	DIST. NO.
ADDRESS OF INJUST MORE COUNTY MORE COURTED THE LOS OF A SCHOOL OF WHAT COUNTY MADE NAME OF CREMENTS OF INJUST MORE SCHOOL OF INJUST MORE COUNTY OF INJUST		MARYLAND		idence before admission)
d. NAME OF DETAIL (If not in houghful, give street oddress) d. NAME OF DETAIL (In the control of	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL o	nd give nearest town)
OR INSTITUTION Some of the content of the conten	GL184	20 days	Nashington	47x-3
DECRASED (Type or print) 5. SEX C. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVO	OR INSTITUTION	n dation	4819 Illinois ave 9.9	e. IS RESIDENCE ON A FARM? YES NO
NOW STATE DEATH WAS UNDERLYING DUE TO DU	DECEASED	Middle	d OF	Day Yeor
13. FATHER'S NAME	4 0		City 114 10 01/ lost birthday) Month	
15. WAS DECEASED BY IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	10a. USUAL OCCUPATION (Give kind of work done 10b. KINI during most of working life, even if retired)	D OF BUSINESS OR INDU	STRY 11 STRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUN
18. CAUSE OF DEATH Enter only one couse per lies_log (o), (b), and (c).] 18. CAUSE OF DEATH Enter only one couse per lies_log (o), (b), and (c).] 19. PART I. DEATH WAS CAUSE 0PY. IMMEDIATE CAUSE (o). 35 0	13. FATHER'S NAME Hyman Friedma	n	71	1
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (b). Indied the under lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PREFORME YES NOT THE OFTEN THE PROPERTY OF CREMATORY ADDRESS (Street, city or town) (County) (County	(If yes, give war or dates of service)		Albert Rathner 6417	Kansas an
Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTH PERFORMENT OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION COUNTRY MONTH OR COUNTRY AND COUNTRY MONTH OR COUNTRY OR COUNTRY AND COUNTRY MONTH OR COUNTRY OR COUNTRY AND COUNTRY MONTH OR COUNTRY AND CO	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1,	o preumoin	INTERVAL BETWEEN
PERFORME YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DAIL HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20a. Table of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. Table of	gove rise to immediate couse (o), stoling the under-lying couse lost.	Parki		162
20. ACONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 19 at work 19	CATK	FRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN I	PART 1(o) 19. WAS AUTOP PERFORMED? YES NO
Hour o. m. p. m. 19 While at work of	OR CONTRIBUTING CAUSE OF DEATH	E HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Part II of item 18.)	
alive an	Hour o. m. While	Not while fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (Sta
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220-BURIAL, CREMATION, 22b. DATE THEREOF (Stote), Semoval (Specify), Semoval (Specif	15 1 1 - 10			
NAME (Type) 220-BURIAL CREMATION, 22b. DATE THEREOF PEMOVAL (Specify) 1 16-1959 1 10 Townsor OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, Townsor County) 1 16-1959 1 10 Townsor OF CEMETERY OR CREMATORY 22d. LOCATION (City, Townsor County) 1 22d. LOCATION (City, Townsor County) 23d. LOCATION (City, Townsor County) 24d. REC'D BY REGISTRAR 24d. REC'D BY REGISTRAR 24d. REC'D BY REGISTRAR 24d. REC'D BY REGISTRAR	ACTUAL ON A	A mor dean		DATE SIG
23. FUNTERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PHYSICIAN'S NAME (Type)	M.	12 81.	
	MOVAL (Specify)	Hart	off to Ve In The	1 1
Totalled Luneral House Otely. VC pare DEC 8 '59 Cally & Kenya	23. FUNTERAL DIRECTOR'S SIGNATURE	ADDRESS		- 11

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	on files				
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	MARYLAND STATE DEPARTM	ENT OF HEALT	TH-BALTIA	AORE, 18	3		C 10.
	MEDICAL EXAMINER	S CERTIFICA	TE OF DE	ATH		138	347
-	13905				Reg. Dist. No	0.	
1.	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE	(Where deceased live	d. If Institution	n: Residence be	fore admi	ssion)
L	Montgomery MARYLAND	o. STATE	nd	b. COUNTY	mond	4	
	b. CITY OR TOWN III outside composed limits, will RURAL c. LENGTH OF STAY IN 16 and give pegrest town)	c. CITY OR TOWN	(If outside corporate	limija, write RU	RAL and give a	arest to	vก)
L	Selver spring 10 mg.	Philva	1 Spr	ug			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS			1-1		SIDENCE A FARM?
	2238 Washington ave - aft 102	12238	Ikeshu	The ar	E-114-102		NO 🔯
3.	NAME OF PIEST Middle	Lost	4. DATE	Month	Day	Ye	ear
	(Type or print) trankly Harrison	Dunk	DEATH	Dec	14		959
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		Actual day A	UNDER TYEAR	Hours	R 24 HRS.
	Male white WIDOWED DIVORCED	1-10-19	17 4	42 yrs. "	Days Days	HOUR	Min.
	2. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS dyring most of working life, even if retired)	TRY 11. BIRTHPLACE (Stat	e or foreign country)		12. CITIZEN O	F WHAT	COUNTRY
	book Reeper R.O. Deft	la			M.S	·a.	
13	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME				
-	Charles A. Frenk	I aline 1	unney				
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s. no. or unknown) (If yes, give wor or doles of service)	INFORMANT		Address			
-	no 171-09-2223	Rue Tem	k (wife)	Se	un "		
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	1			INTE	RVAL BETWE	EN TH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	celuseon			1	unda	lun
	440, DUE TO				17.21		
	Conditions, if any, which by gove rise to immediate couse						0.15
	(a), stoting the underlying DUE TO						
-	couse lost. (c)						
ě	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN	IN PART 1(a) 1	9. WAS A	RMED?
2						YES 🗌	NO 🔀
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (CAUSE OF DEATH.	Enter nature of injury in Po	art I or Part II of iten	n 18.)			
WEDICAL	Hour o. m. While Not while foc	CE OF INJURY (Home, far tory, street, office bldg., et	m, 20f. (City or tov	vn)	(County)		(State)
×	p. m. 19 at work at work						
	21. I certify that I took charge of the remains described about	ve, held an Autop	sy [], Inspec	tion 🔀,	Inquiry 🔀	, and f	ind tha
	death resulted from: Natural causes , Accident , Su	icide [], Homicid	le 🔲, Undete	rmined cau	se .		
	ACTUAL & 10 B +					DATE SI	CNED
	SIGNATURE Many 1) Mischaet	M.D. CHIEF MEDICAL				DAIL 3	OTTED
	EXAMINER'S FILE TO		CAL EXAMINER	12.	-15-	59	
	NAME (Type) Frank J. 13 roschart	DEPUTY MEDICAL	Lad				
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)		22d. LOCATION (City, tawn, or c	ounty)	(State)
17	REMOVAL (Specify) PRANS. & BURIAL 12/16/59 HILLSIDE CEME		FULLERTO	_			PA.
23	FUNERAL DIRECTOR'S SIGNATURE ARNER E. PUMPHREY, INC. SILVER SPRING	3. MD. 240. REC	DEC 1 8 '59		AR'S SIGNATUL		
10	farmond a Bucks-	DATE	JEG I O JJ				

Sec. 20. 100 100	CERTIFICATE OF DEATH	CONTINUE LANGE.	Merr
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			parts or the text
			to sekalate
	Same and Delayer and		G to 15 lear phile 1 as GP and only 1 kinds
	E. N. Strangerstein		
offi Mar, Temple Hedl		raso metalina estasi.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 13906 after deoth. Page 4 and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certiticate be executed within any be red by the haspital or attending physician. TO FUNERAK DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, cremotion, or removal, and in any event within 72 hours after death.

Reg. Dist. No.

a. COUNTY MARYLAND	a. STATE b. COUNTY //7X-3						
b. CITY OR JOWN (If autside corporate limits, write c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
RURAL and give nearest town)	Wash 16 D. C.						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
auburban	3016 43 M.W. YES NO						
3. NAME OF DECEASED (Type or print) History (Type or print)	Last OF Month Day Year OF DEATH 26 19 5 9						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
WIDOWED DIVORCED	Mar 15 1885 lost birthdoy) Months Days Hours Min.						
10o. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
nouseinfe	West Virginia a.						
13. FATHER'S NAME	14. MOTHER'S MAÎDEN NAME						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address						
(Yes, no, or upknown) (If yes, give war or dates of service) 57909-6006	Jorence Furr 501645 N.W. Wach						
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	A INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	elmonery Edema 3 hans						
443X DUE TO 1	1						
Canditions, if any, which) (b) acute Con	gesting Heart Failure 48 hour						
gave rise to immediate couse (a), stating the under-lying couse lost.	in CarlinVarenter Disease						
	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	PERFORMED?						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Port II of item 18.)						
	PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) 20f. (City ar tawn) (County) (State)						
21. I certify that I attended the deceased fram 12 -	26, 1959, to 12-26, 1959 that I last saw the deceased						
	th accurred at 8.32PM, from the causes and an the date stated above.						
	ADDRESS (Street, city ar tawn, state) DATE SIGNED						
SIGNATURE J. P. andrews MD. 420/ Fessenden STNW12-26-							
PHYSICIAN'S P. P. ANDREWS. M.D.	Washington A.C						
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY DENOVAL (Specify) 12 29-59 Celler	OR CREMATORY 28. LOCATION (City, town, or county) (State)						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
DEAL FUNERAL HOME 4813	Co AUD DATE HAM A 360 Orl - 0 4						

VS A15 (4) 15M 9/5B

VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1200m

CERTIFICATE OF DEATH

		79201	GEN	11110/11	- OI DEAII		Re	eg. Dist. No		
1. PLAC	CE OF DEATH OUNTY ON TOOMET	y County	M	ARYLAND 2.	usual RESIDENCE (Who s. STATE washington,	D.C.	If institution: I	Residence befo	re odmission)	
RU	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ural Bethesda, Md.		write c. LENGTH OF ST		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) XWashington, D.C.					
d. N	AME OF HOSPIT	AL (If not in hospital, give		1	d. STREET ADDRESS	usetts A	ve. N.W		e. IS RESIDENCE ON A FARM? YES NO	
DECE	AE OF EASED e or print)	First Leslie	Mid Tracy		Lost GER	4. DATE OF DEATH D	Month ecember	25	y Yeor 1959	
s. sex Ma	le	0	MARRIED NEVER MA		ate of Birth	lost	1 11 1	UNDER 1 YEAR onths Doys	Hours Min.	
dur	ring most of work	ing life, even if retired)	Medical	S OR INDUSTRY	11. BIRTHPLACE (Stote				WHATCOUNTRY d States	
13. FATH	HER'S NAME			1	4. MOTHER'S MAIDEN N	IAME				
		lager			Luella Trad	су				
	or unknown)	RIN U. S. ARMED FORCE If yes, give war or dates of servi		100	RMANT sephine C. (Gager 52	Address 15 Mass	Ave, T	W.D.C.	
g co lyi	onditions, if or ove rise to in suse (o), stoting ing couse lost. PART II. OTH	the <u>under-</u> DUE TO	TIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN	IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO	
S OR (IF	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY	OCCURRED. (I	inter noture of injury in f	Port I or Port II of i	tem 1B.)		100	
WEDICAL 20c.	TIME OF INJUR Hour o.m. p. m.	Y Month, Doy, Yeor 19	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	, 20f. (City or tow	n)	(County)	(Stote	
ACI SIG	21. I certify that I attended the deceased from September 28, 1959, to December 25, 1959, that I last saw the deceased alive on December 25, 1959, and that death accurred at 2:53 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) James M. YOUNG LT MC USN U.S. Naval Hospital, Bethesda, Maryland									
220. BU	RIAL, CREMATIO	12-28-3	22c. NAME OF C Arlingt			22d. LOCATION (C Arlingto			(Stote)	
	Vol Fund	eral Home 22	24 Wisconsin	Ave.,		BY REGISTRAR	24b. REGISTRA	AR'S SIGNATU		

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,	MARYLAND STATE DEP	ARTM	ENT OF HEALTH	-BALTIA	MORE, 18		
ď	13833 CERT	IFIC/	ATE OF DEATH		Re	g. Dist. No. 1	1851
1. Pl	ACE OF DEATH COUNTY Montgomery MAI	RYLAND	2. USUAL RESIDENCE (Who	ere deceased live	b. COUNTY	Mesidence befare ada	
b.	CITY OR TOWN (If autside corparate limits, write) c. LENGTH OF STARURAL and give nearest town)		c. CITY OR TOWN (IF &	Sarporate	limits, write RURA		
d.	NAME OF HOSPITAL (If nat in haspital, give street oddress) OR INSTITUTION	csb.	12905 BL	11/1/	Rd	10	RESIDENCE N A FARM?
D	AME OF BEETHA Midde N M Specific Street Str	LN /	Barfin Kel	4. DATE OF DEATH	Manth 12	Day 16	Year 1959
5. SE	female white widowed in Divorce	_	8. DATE OF BIRTH 9-152 86	9. A		UNDER 1 YEAR IF UP	
	USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS during mast of warking life, even if retired)	OR INDU	STRY 11. BIRTHPLACE (Stote of		y) 1	12. CITIZEN OF WHA	
13. F.	ATHER'S NAME Kontorsky		14. MOTHER'S MAIDEN N	AME			
15. V (Yes,	VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY No., or unknown) (If yes, give war or dates of service) NO NE	10.	Son.		Address 5'Am	TE AS A	BOVE
7	Canditians, if any, which gove rise to immediate cause (a), stating the underlying couse last. MMEDIATE CAUSE (a) DUE TO D	Te.	lest querio	desce	ndug bl	end yes	ara.
RIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH					PEI	RFORMED?
E C	FEITHER, NOTIFY MEDICAL EXAMINER Power Power Power	20e. Pl	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.	20f. (City ar t	own)	(Caunty)	(State)
	21. I certify that I attended the deceased fram	12- at death			/	it I last saw the in the date stare)	
22g.	PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 22b. DADE THEREOF 22c. NAME OF CE	METERY C	OR CREMATORY	22d. JÓRATION	(City, tawn, ar ca	aunty) _ / _ / (
\$	REMOVAL (Specify) NT. CA UNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	RME	EL CEM.	100	KLYN.	AR'S SIGNATURE	
	. Holdberg June al Han	41	17 gstmm SATBEC	21 '59	arthur	8. Kraus	

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1	1 12	X	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 GARFITT 13834 CERTIFICATE OF DEATH Pag Dist No. 3852
1	1/1		13834 CERTIFICATE OF DEATH Reg. Dist. No. 3852
Page	director filed with)	o. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) O. STATE MARYLAND D. COUNTY D. COUN
death.	uneral Id be f		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares flown) RURAL and give nearest town ARC 36 dasp Reffice To Chapel Hill 70 x 3
urs after	d 2 shou	15	d. NAME OF HOSPITAL (If not in hospital, give street oddress), OR INSTITUTION WAShigngton SAN + 405P. d. STREET ADDRESS KILLINIII Kd. e. IS RESIDENCE ON A FARM? YES NO X
24 ho	es I and	3	3. NAME OF DECEASED (Type or print) BARBARA Wighton GARLIH 4. DATE Month Day Year OF DECEASED (Type or print) BARBARA Wighton GARLIH 12 - 9 1959
d withir	s. Pag		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH FEMALE CAUCASIAN WIDOWED DIVORCED MAY 7-1884 9. AGE (In years lost birthdoy) Months Days Hours Min.
executed	nd comp in poper deoth.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ate be	cian ar e corbo		DONALD Me GUIRE 14. MOTHER'S MAIDEN NAME JANE DOCTOR
certific	physici 72 haun		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Describer: Address Paddress Pockshill Rd Bethesda
ne death	attending in please t within 72		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) VEMUCE IMMEDIATE CAUSE (o)
s thot th	d by the nit. The any even		578X DUE TO Reval Shut down zwhs
require	an. n signersit per		gove rise to immediate couse (a), stating the under- lying couse last. DUE TO Cougs Tive Hland failure dury to Hypoproteinsmia,
ne law	physici os bee ial-tran ioval, c	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? THE THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED? THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED? THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED? THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED? THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED? THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED? THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED? THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED. THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED. THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED. THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED. THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED. THE PART III. OTHER SIGNIFICANT CONTRIBUTING TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED. THE PART III. OTHER SIGNIFICANT CONTRIBUTING TO THE PART 1(0) 19. WAS AUTOPSY PERFORMED. THE PART III. OTHER SIG
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PHYSIC	al ar oth this certi r use as ematian,		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while ot work of the other of work of the other of th
NDING	e haspit :: After I iched for urial, cr		21. I certify that I attended the deceased from factor 3, 1959, to Weller 9, 1959 that I last saw the deceased alive on white 9, 1859, and that death accurred at 340 pm, from the causes and an the date stated above.
A ATTE	RECTOR RECTOR be deto ior to b		ACTUAL SIGNATURE PAUS ON THE SIGNED M.D. ADDRESS (Street, city or town, stote) DATE SIGNED
ITAL O	RAL O	1	PHYSICIAN'S EDWARD LEWIS JR., 5800 BEECH AVE, BETHESDA, MI
HOSP	may be considered by the regis		220. BURIAL, CREMATION, 22b, DATE THEREOF, REPROVAL (Soperity) Hec. 14: 1959 Wymbre emelety Wymbre, Newspa
VS /	A15 (4)		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS DATE DEC 1 1 '59 Contain 2. Kinns
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-	S > cute the rificote, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral rector. Poge 4 shoul	forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your	10	
vs.	. A	154	AE(5)
4	M	9/	55	

		MARYLAND STATE DEPARTME	ENT OF HEALTH—BALTIMORE, 18	13853
		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	1
		LACE OF DEATH,	Reg. Di	
	1.	COUNTY LA	2. USUAL RESIDENCE (Where deceased lived. If Institution: Resider o. STATE b. COUNTY	nce before admission)
	Ь	CITY OR TOWN (If outside copyrate limits, write RURAL C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	my social town
		and give negresi town)	C. CIT ON OWING IT OURSIDE COPPORATE HIMIS, WITH NORTH GIRD	give negresi iowiij
	-	NAME OF HOSPITAL QRINSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
		7104 Deleure St	7104 Delevere S	YES NO
	-1	NAME OF DECEASED First Middle DeceaseD Type or print)	Last 4. DATE Month OF DEATH	Day Year 1955
	5. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8		YEAR IF UNDER 24 HRS.
	5	Meld white WIDOWED DIVORCED 1	10-9 - 1884 (75 yrs. 2 Months	Doys Hours Min.
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUST uring most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZ	EN OF WHAT COUNTRY
			rustCo New York 2	1-S. CL
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1		Joseph A. Garanelo	Margaretta Myer	~
-	15.	p6. or unknown) † (If yes, give war or dates of service)	NFORMANT 8516 Beach Tree	13.0
		No 577-03-4517 CL	ara Hearley B. There	. 1 ~
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cerebral Lieux	retage & laceration	1
		Y/6× DUE TO		Sudden
		gove rise to immediate cause	nikd-	
		(0), storing the underlying DUE TO Head faitielly	dispitalist	
A	Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
	CATION	Reducid to have bun ill with	on I doutale with meterstayer	YES NO
	CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY I OF CONTRIBUTING CAUSE OF DEATH.	nter noture of injury in Port I or Port II of ilem 18.)	
			V	
	DICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC While Not while	CE OF INJURY (Home, form, 20f. (City or town) (Courty, street, office bldg., etc.)	nty) (Slote)
	MEDI	p. m. 19 at work ot work		
		21. I certify that I took charge of the remains described about		X, and find that
		death resulted from: Notural causes, Accident, Suid	cide 🔀, Homicide 🔲, Undetermined couse 🔲.	
		ACTUAL F. 11-Banas		DATE SIGNED
		SIGNATURE Transform / Dischart	_M.D. CHIEF MEDICAL EXAMINER	
2		EXAMINER'S FLACK J. BLESCHart	ASSISTANT MEDICAL EXAMINER (12-10 DEPUTY MEDICAL EXAMINER (13-10)	-53
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
	-	Removal 112-12-59 Kensico Ceme	etery Valhalla, N.Y.	
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIG	HATURE
S		sept Speden Inc, he 1756 Pa. Ave.	N. W. DATE DEC 1 4 33	
	6	wasiiing oon,	2. 0.	

CERTIFICATE OF DEATH	ANDREAS PROPERTY AND ANDREAS
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	has being substant by you from the adults.

CERTIFICATE OF DEATH 13909 Rea. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY MARYLAND 1 funeral CITY OR TOWN (If autside copporate limits, write c. LENGTH OF STAY IN 1b c. CITY OF TOWN (If autside carporate limits, write RURAL and give nearest town) RUTAL and give negrest town P d. STREET ADDRESS d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION 074 4. DATE NAME OF First Middle Month Day filled DECEASED DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 5. SEX last birthday) Manths Days DIVORCED [WIDOWED popers. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? COM during mast of working life, even if retired) oug pou DEYZUSOF 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physici Address 5: // 15. WAS DECEASED EVER IN W. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN1 (If yes, give war or dates of service) ttending INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH a. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which certificate has been signed gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a.m. While Nat while 19 at wark at wark p. m. 27, 19.) 7, that I last sow the deceased 21. I certify that I attended the deceased from Vacco , to_ and that death occurred at 943 M, from the causes and on the date stated above. olive on OR ADDRESS (Street, city or town, state) ACTUAL SIGNATURE, PHYSICIAN'S registror NAME (Type) TO FUNER 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS DATE DEC 3 0 '59 arthur S. Kraus VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3854

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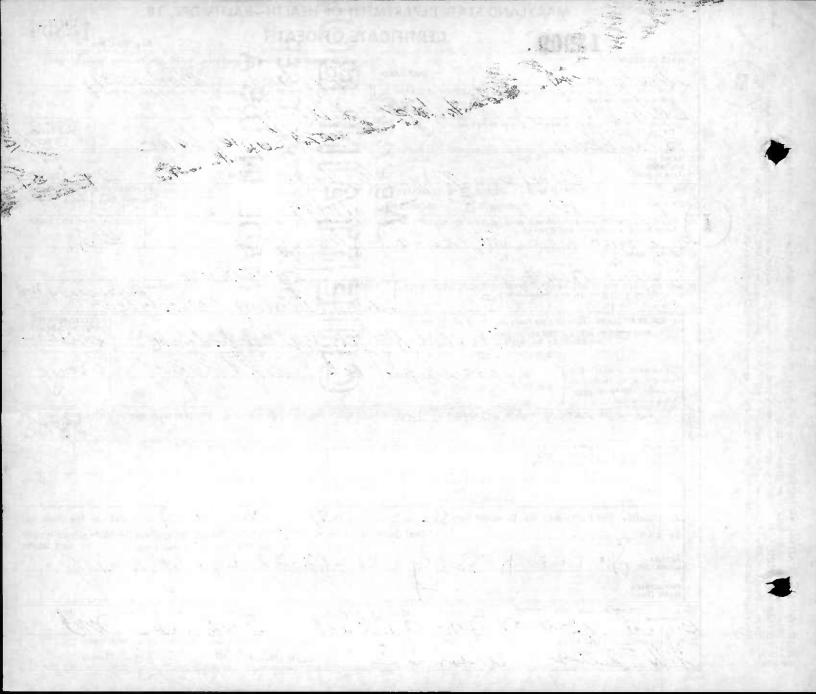
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PERFORMED? YES NO T

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VS A15 (4) 1SM 9/SB

	13910	CERTII	FICA'	TE OF DEATH	1		Reg. Di	st. No	1385
1. PLACE OF DEATH a. COUNTY Montgomer	У	MARYL		2. USUAL RESIDENCE (WHO STATE Florida	nere deceased	d lived. If instituti b. COUNTY		nce befa	re admissian)
RURAL and give no	If autside carporate limits, egrest tawn) (Rural)	write c. LENGTH OF STAY I	IN 1b	c. CITY OR TOWN (IF o				give nec	
OR INSTITUTION	TAL (If not in hospital, given 1 Hospital,			d. STREET ADDRESS 1031 D AL					e. IS RESIDENCE ON A FARM' YES NO
3. NAME OF DECEASED (Type or print)	Frank	Middle Steffens		Lost RAFF	4. DATE OF DEATH	Decemb		16	Year 19 59
s. sex		'- MARRIED ₩ NEVER MARRIE		DATE OF BIRTH 10-29-01		9. AGE (In years last birthdoy) 58 yrs.	IF UNDER Manths	Doys	IF UNDER 24 H Hours Min
U.S. Navy 13. FATHER'S NAME	king life, even if retired)	U.S. Governm		Kentuck 14. MOTHER'S MAIDEN N	ey NAME			S.	F WHAT COUNT
1S. WAS DECEASED EVE	GRAFF IN U. S. ARMED FORCE (If yes, give war or dates of servi WW I and II	S? 16. SOCIAL SECURITY NO.	Wi:	Helen L. ORMANT fe) Mildred		Add	iress ume as	; #2	
	ATH [Enter anly one coust ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e per line for (o), (b), and (c).]	4	darcu	om.	0			ERVAL BETWEEN SET AND DEATH
Conditions, if a gove rise ta i cause (a), stating lying cause last.	DUE TO ny, which (b)_ mmediate (DUE TO	w	rih	metast	osis		9		
200. ACCIDENT WA	AS UNDERLYING 20	TIONS CONTRIBUTING TO DEA		, A			VEN IN PAR	RT 1(a) 1	9. WAS AUTOP: PERFORMED? YES 🔼 NO [
US (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a.m.	MEDICAL EXAMINER) RY Month, Doy, Year	20d. INJURY OCCURRED While Nat while at wark C at wark		E OF INJURY (Hame, farm ry, street, affice bldg., etc		or tawn)	(1	Caunty)	(Sto

19 59 to 16 December 6 October 21. I certify that I attended the deceased from and that death occurred at 10:25 MM from the causes and an the date stated above. ADDRESS (Street, city or town, state)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ACTUAL U.S. Naval Hospital, Bethesda Md. 12-16-59

KOTH LUDR MC USN U.S. Naval Hospital, Bethesda Md. 22a. BURIAL, CREMATION, 22b. DATE THEREOF

22d. LOCATION (City, tawn, ar county) 22c. NAME OF CEMETERY OR CREMATORY (State) Arlington, National Arlington Va. 24a. REC'D BY REGISTRAR

DEC-21 '59

24b. REGISTRAR'S SIGNATURE arthur S. Thous

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Nones est;
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G.S. Howal Mospissa, Between Md. 1031 D Alk

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College Mark C. Aradia (olty)

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Eggs 12-10-59 Paringyon Engloomia callogues Va.

The A. P. anderson, 1994 Maccounter West Boundoom Education Life To a least the Committee of the Committee o

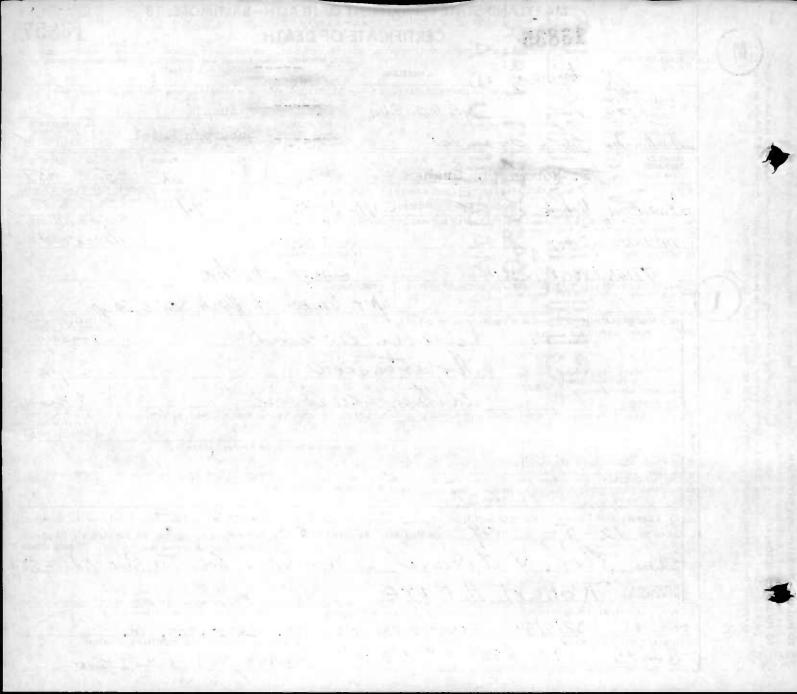
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13835

3835 CERTIFICATE OF DEATH—BALTIMORE, 18

Reg. Dist. No. 13857

1. PLACE OF DEATH o. COUNTY	ntermes	MARYLAND	2. USUAL RESIDENCE (o. STATE New Jers		institution: Residenc OUNTY	e before admission)
b. CITY OR TOWN (If at RURAL and give neare	utside porporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	Moutside corporate limits,	write RURAL and g	ive nearest town)
Lakonia	PARK	44RS 10ms 5ds		Summit		67x-3
d. NAME OF HOSPITAL	(If not in haspital, give street	address)	d. STREET ADDRESS	2 a . 1 .		e. IS RESIDENCE
MASHINGTON	JANE Hos	pital	- Castan	Suburban	Hotel	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	The state of the s	R. Graham	1 p Lost	4. DATE OF DEATH	Month 12	Day Year 5 1959
5. SEX	COLOR OR RACE 7. MARK	_	8. DATE OF BIRTH	9. AGE (II		1 YEAR IF UNDER 24 HRS. Doys Hours Min.
100. USUAL OCCUPATION	(Give kind of work done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIR HPLACE (SH	ote ar fareign country)		ZEN OF WHAT COUNTRY?
not KNOWN LE	Arran.		JRY laxes	1.	4	Interica
13. FATHER'S NAME			14. MOTHER'S MAIDE	NAMA		7,
MARC	US PURCEIL		SARNH	Hocke		
15. WAS DÉCEASED EVER IN (Yes, no, or unknown) (If ye	N U. S. ARMED FORCES? 16. es, give war or dates of service)	SOCIAL SECURITY NO.	hit Chart	of Wash	Address	osp.
18. CAUSE OF DEATH	[Enter anly one cause per li	ne for (a), (b), and (c).]	0	,		INTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (o)	Derebia	1 accedo	ent-		ONSET AND DEATH
331X	DUE TO	11 0 1				
Conditions, if any,		Hyperles	useon			? years
gave rise to imm cause (a), stating the		11-	1	, , ,		
lying couse lost.	(c)	arterio	xclerose	is		? years
PART 11. OTHER	SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TE	rminal disease conditi	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO E
200. ACCIDENT WAS LOR CONTRIBUTING (IF EITHER, NOTIFY ME	UNDERLYING 20b. DESC CAUSE OF DEATH DICAL EXAMINER)	CRIBE HOW INJURY OCCUR	ED. (Enter nature of injury	in Part I ar Part II of item	18.}	
3 20c. TIME OF INJURY	Month, Day, Year 20d. It	NJURY OCCURRED 20e. I	PLACE OF INJURY (Home, for	orm, 20f. (City or town)	(Cı	ounty) (State)
20c. TIME OF INJURY Hour o. m. p. m.	19 While of wor		octory, street, affice bldg.,	etc.)		
			2056.	12-5	59	
alive an 12	attended the deceas	7-1	19 2 4, to			st saw the deceased
dive an	6)1	fig., and that deal	h accurred at 3	ADDRESS (Street, city a		date stated above. DATE SIGNED
ACTUAL SIGNATURE	Cobert a	Hare	M.D. 7600 C	arroll are,	Tak Par	K. Md. 12/5/5
PHYSICIAN'S NAME (Type)	Pobert	A. Hare	_	H		///
220. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City,	town, or county)	(State)
removal (Specify)	12/9/59	Jackson Me	morial Cem	Lexingt	on. Va	
23. FUNERAL DIRECTOR'S SI	IGNATURE	ADDRESS			. REGISTRAR'S SIG	NATURE
S.H. Hun	ies co 290	01-14 - St. M.	W DATE	DEC 8 '59	0.11 - 0	4.

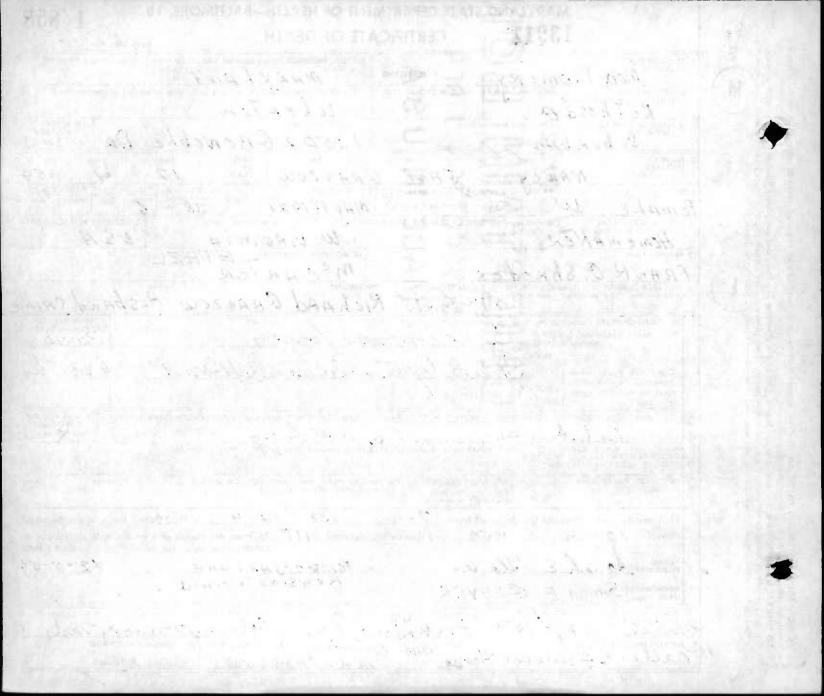


1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
MON I GOMERY MARYLAND	MARYLAND Monta.
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn).	c. CITY OR TOWN (If Gutside corporate limits, write RURAL and give nearest-town)
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION DUR GAN	13502 GRENOBLE DR YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) NANCY JANE	GRANZOW DEATH 12 4 1959
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 9. AGE (In years lost birthday) 1. Moghts Days Hours Min.
Female WIDOWED DIVORCED	MAY 181921 38 yrs. 6
10a. USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Homemaker	W. VIRGINIA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ETHEL
FRANK O. Shrodes	MCCARler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address
579-18-7615 N	RICHARD GRANZOW HUSBAND SAM
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
170 X DUE TO C	Jeef 3/201
(++ D # 7	to a 1 leRen to bun of
Conditions, if any, which gave rise to immediate (b)	il-authora de la succesa de Maria
cause (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 801	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S Rachation presumanting	g deft dung YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT COLLECTION PROCESSING TO DESCRIBE HOW INJURY OCCURRE 200. ACCIDENT WAS UNDERLYING TO LESCRIBE HOW INJURY OCCURRE OF LIFE LITTER, NOTIFY MEDICAL EXAMINER	D. (Enter picture of injury jo PGA I ar Part II af item 18.)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while at work at work	actory, street, office bldg., etc.)
21. I certify that I attended the deceased fram 7-1/	1958 to 12-4 1959 that I last saw the deceased
	accurred at 1.1.7. M, from the causes and on the date stated above.
dive on, tz, and mar dean	ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL LA PEMILIA	
SIGNATURE Alanah & I Herry	M.D. 10128 CEDARLAWE 12-5-59
PHYSICIAN'S SARAH E GLOVER	Hensind 70w, md
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burel 12/8/59 : Fort Lin	sol Johnar manor md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	aurles 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
nalleys Juneral Home Mr.	md. DATEC 1 0'59 Orthug S. Kraya
1	THE TOTAL TO SE TOWN A. TOWN
Inc.	

after death. Page 4 be filed with funeral directar, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de may be retain by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 6, refunding page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 shauld the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A1S (4) 1SM 9/58

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s after death. Poge 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13912

CERTIFICATE OF DEATH

13859

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Maryla		ed. If institution b. COUNTY	Montgo		isian)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		limits, write RI	URAL and give r	nearest taw	/n)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION Suburban	d. STREET ADDRESS	endon Ro	ad	7.65	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF First DECEASED (Type or print) Elizabeth	Middle Perry	losi Griffith	4. DATE OF DEATH	Mon	,	Day	Year 19 50
5. SEX 6. COLOR OR RACE 7. MARS	RIED NEVER MARRIED	8. DATE OF BIRTH 2/17/79	9. A	GE (In years ast birthday) O yrs.	Months Day		ER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUS eWITE	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto Marylar			12.CITIZEN		COUNTRY?
13. FATHER'S NAME	The second state	14. MOTHER'S MAIDEN	NAME				
Richard H. Perry		XXXXX	Margare	t Wate	ers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Ilf yes, give war or dates of service) N	one	NFORMANT	tlepage.	Addr 8612 R		L. Be	th.
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.	retural as	Nerro sol	busis	i dlu		50	day
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CITY REDICAL EXAMINER OR CONTRIBUTING OR	neumoni	21			EN IN PART 1(a	PERF	AUTOPSY ORMED?
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Part I ar Part II a	of item 18.)			
20c. TIME OF INJURY Manth, Day, Year 20d. I. While at war	Nat while fo	ACE OF INJURY (Hame, forctary, street, affice bldg.,		rawn)	(Caunt	ty)	(State)
21. I certify that I attended the decease olive on ACTUAL SIGNATURE CANAGE ACTUAL		n accurred at 1	M, fram the	causes an	that I last so d an the do state Wa	ite state	
PHYSICIAN'S NAME (Type)	SRAY TIR	MD. 100	thesa	a, W	Kli	0 /	1
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, BUT 12 1 Specify) 12-12-59 23. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY COMONOCACY COMO	emetery	22d. LOCATION Bealls	ville	or county) , Mary STRAR'S SIGNA		

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20.	X 10	tarat rest		grangetants 1989
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13836 **CERTIFICATE OF DEATH**

Pag Dist No

13860

						Kañ Dist. 14	0.
1. PLACE OF DEATH o. COUNTY MONTO	OMERY COUNTY	MARYLAND	2. USUAL RESIDENCE (* o. STATE DISTRI	Where deceased I	L COUNTY	on: Residence be	fore admission)
b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I			JRAL ond give n	nearest town)
TAKOMA PAR	K, MARYLAND	4 mo 3 day	WASHIN	GTON, DIS	TRICT OF	COLUME	RT A
	ITAL (If not in haspital, give stree		d. STREET ADDRESS			0.7201112	e. IS RESIDENCE
700-HUDSO	N AVENUE-EVENTI	DE NURSING HON	18 61.5-UND	ERWOOD S	TREET. N.	W.	ON A FARM? YES NO T
3. NAME OF	First	Middle	Last	4. DATE	Mon		Day Year
(Type or print)	DORA	M	HAACK	OF DEATH			* * * * * * * * * * * * * * * * * * * *
5. SEX	6. COLOR OR RACE 7. MAI	RRIED TO NEVER MARRIED TO	8. DATE OF BIRTH	9.	AGE (In years	IBER 19t	AR IF UNDER 24 HRS.
FEMALE	WHITE WIDOV		APRIL 30.	878	last birthday) 81 yrs.	Months Days	
LOG. USUAL OCCUPAT	ON (Give kind of work done 10t			te or foreign cour		7 7 7 9	OF WHAT COUNTRY
during most of wo	rking life, even if retired) E - AT HOME	HOUSEWIFE	GERMAN				
3. FATHER'S NAME	B - AI HOME	HOOPEMILE	14. MOTHER'S MAIDEN			U.S.	A
1	+ 7		The same of the sa	1 I	14		
TUOUS IS WAS DECEASED BY	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	59542	rd7		
[Yes, no, or unknown]	If yes, give wor or dates of service)	. SOCIAL SECURITY NO. 17.	MR. FRED J. H	HAACK	Addr		INGTON.D.C ST,N.W.
No		None	Mice Pittib 0 . I	TARON	OT 9-07/	חחחוושתתו	OI, N. W.
	ATH [Enler only one cause per	line for (o), (b), and (c).]		MAR HAR		IN CH	TERVAL BETWEEN
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Coronary	Occlusio	n			10 min
4-30.1	DUE TO	0					
Conditions, if	ony, which) (b)	arterword	cratic car	eles bu	or ch		7400
gove rise to cause (a), stating	immediate (0
lying cause last							
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TER	MINAL DISEASE C	ONDITION GIVI	EN IN PART 1(g)	19. WAS AUTOPSY
Ĭ.							PERFORMED?
20a. ACCIDENT W	AS UNDERLYING [] 20b. DE	SCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury i	n Part I or Part II	of item 18.)		IES [] NO [V]
□ OR CONTRIBUTING □	CAUSE OF DEATH						
Z 20c. TIME OF INJU		INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, fa	206 (51)			
Hour a. n.	While	Not while	actory, street, office bldg., e	etc.)	town)	(County	(State)
p, m.	19 at wa	ork ot work					
21. I certify t	hat I attended the decea	sed from / Wala L	, 1952, to_	Duc 19	1959	that I last :	saw the deceased
alive on	18 19	50, and that deal	h occurred at 11,50				
	N. Am		777		et, city or town, s		DATE SIGNED
ACTUAL	MC+10tt	man fins	40 1LD1/s	Jana	de lot	mad in	roh NY 12/2N-
110			-m.v	Luisary	24-4-V	IKKN K.	
PHYSICIAN'S NAME (Type)	MIFO	TTMAN	401-KEN	NEDY STR	EET.N.W	-WASH. I	D.C. 12/20/
22o. BURIAL, CREMATIK	DN. 226. DATE THEREOF	22c. NAME OF CEMETERY			N (City, town, o		
BURIAL	112-22-59	PROSPECT	T HIII	10.10	AHILL	CTON.	(State)
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	24- 05	C'D BY REGISTRA	P 24h PEGIS	TRAP'S SIGNAT	UPE .
TA DOWN	HYSONG COMPAN	Y 1309-N.ST	.N.W	DEC 22	59 75. 12013	TRAR'S SIGNAT	Ciara
-414 15	TYSOMO DOS	WASHINGTON	D C DATE		17 100		

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Reg. Dist. No. 13861

	1391	3	CERTII	ICA	L OI DEA	111		Reg. Dist.	No.	201
PLACE OF DEATH o. COUNTY	lontgomery		MARYL		o. STATE Mary	Where deceased land	d lived. If instituti b. COUNTY			
RURAL ond give ne	COD .	, write c. LEI	NGTH OF STAY II		c. CITY OR TOWN	-		URAL and give	e nearest ta	wn)
	y Chase	1 11	1247	2	Chev		е		1 16 5	CCIDENICE
OR INSTITUTION	AL (If not in hospital, give Underwoo		, 9		d. STREET ADDRESS		wood St		ON	ESIDENCE A FARM?
NAME OF DECEASED	First		Middle		Last	4. DATE	Mor	nth	Doy	Yeor
(Type or print)	Dora		Albau	gh	Hale	DEATH	Dece	mber	27	1959
female	6. COLOR OR RACE	7. MARRIED [NEVER MARRIED		ct. 4, 1	862	9. AGE (In years last birthdoy) 97 yrs.		EAR IF UN	
during mast af work	N (Give kind of work doing life, even if retired)		of Business OR		Ohio	ote or foreign co	ountry)		S.A.	AT COUNTRY
homem	West		WIT ITOIN		4. MOTHER'S MAIDE	NI NIAME		0.	D.A.	
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	in Albaug			Tin miss	PP1SC	JITS W	endenha			
	R IN U. S. ARMED FORC		L SECURITY NO.	10000		Sutto	n 4005	Under	wood	St.
18. CAUSE OF DEA	TH [Enter only one cau	se per line for ((o), (b), and (c).]						INTERVAL ONSET AN	BETWEEN
Conditions, if ar gave rise to in couse (o), stoting I lying couse lost.	nmediate ((Chronic	m y o	carditis				Ove	c 30 ;
PART II. OTH	ER SIGNIFICANT COND	ITIONS CONTRI	IBUTING TO DEA	TH BUT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GI	VEN IN PART 1	PER	S AUTOPSY FORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 2 CAUSE OF DEATH MEDICAL EXAMINER)	ROb. DESCRIBE I	HOW INJURY OC	CURRED.	Enter nature of injury	in Port t or Pari	t II of item 1B.)			
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Year 19		Not while	20e. PLACI foctor	OF INJURY (Home, f r, street, office bldg.,	orm, 20f. (City	or tawn)	(Cou	inty)	(State)
21. I certify the alive onDe actual signaturePHYSICIAN'S NAME (Type) Kg	attarine.	1959 A Ch	apresa	death a	1947., to_coursed of 1225 3924 B Kensin	R.M. from ADDRESS (SI	n the causes of treet, city or town.	and an the	date sta	e decease ited abave DATE SIGNE
P. BURIAL, CREMATION REMOVAL (Specify) PANS BUP FUNERAL DIRECTOR'S	12/29/	5 9 We	NAME OF CEME		emetery	West	Milton	Ohic		ate)
						ECLOPAX BECKE	TOAD 1941 DECT	STRAR'S SIGN	ATIME	

M TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be refer by the hospital or attending physician.

TO FUNERA CRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 wild 2 should be filed with the registrar priar to burial, crematian, or remaval, and in any event within 72 haurs after death.

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VS A1S (4) 15M 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13914

CERTIFICATE OF DEATH

13862

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND MONT GOMERG b. CITY OR TOWN (If autside carporate fimits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) P THESDA THESDA shoul d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION NNISTON YES NO SUBURBAN NAME OF 4. DATE Middle Manth Day Year DECEASED OF DEATH (Type or print) 19-9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days WIDOWED [DIVORCED A 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dod SECRETAR carban 13. FATHER'S NAME offer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT NO TANNER 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY Carcinon 3 184761S IMMEDIATE CAUSE (a) 53,0 DUE TO CREUM THE IMOUR Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? burial-tr NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) o m While Nat while at wark at wark 21. I certify that I attended the deceased fram 7. that I last saw the deceased death accurred at / PM, fram the causes and an the date stated above. ADDRÉSS (Street, city ar tawn, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) e 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Bur-Transi Toronto 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda, Maryland Robert A. Pumphrey DAT DEC 1 0 '59 arthur S. Trava

director, funeral 0 filled cample puo physician attending signed RECTOR: FUNERAL 10

VS A15 (4) 15M 9/58

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DIRECTOR: designated should FUNER 0

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND Maryland MONT GOMER b. CITY OR TOWN III outside corporate limits write BUBAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Naval Hosp Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS Bethesda Naval Hosp. Jefferv YES NO NO NAME OF 4. DATE First Middle Month Year DECEASED (Type or print) DEATH Eddie Harris Rov Dec. 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Hours White WIDOWED T 1907 Male DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA North Carolina Welder 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bessie Rogers Robert Harris 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Family Same No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: Imm. IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES T NO [20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . and in my opinion death resulted fram: Natural causes . Accident ... Suicide , Homicide , Undetermined manner m. B. Bell ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S John G. Ball DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Siler City, N.C. Oakwood Cem. **ADDRESS** 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR McCully Funeral Homes 130 E. Fort Ave. Cirthur & Hears

	ES GERTIEI CATE DE DEATH	BUILDING PROPERTY.
	Mary Commence Code State of Later State of Code State of C	MODELLO CONTRACTOR CON
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CERTIFICATE OF DEATH

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e hospitol or ottending physicion.

1: After this certificate has been signed by the ottending physicion and completely filled in any the funeral sched for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be found, are remaval, and in any event within 72 haurs ofter death.

NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

TA OR ATTE re jed by th RAC PIRECTOR should be deto stror prior to b	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATION, REMOVAL (Specify) C Temation 23 FUNERAL DIRECTOR'S STATES	PHYSICIAN'S
FUN FUN FOR	7	REMOVAL (Specify)
VS A15 (4) 15M 9/5B	2	Types Funeral Ho By: M. Ha

	1001	0	9- 101		0. 0	•••			Reg. Di	st. No.	
1. PLACE OF DEATH					2. USUAL RESIDENCE	CE (Wh	ere deceose			nce befare	admission)
o. COUNTY	Montgomerv		MARY	LAND	o. STATE	gini	ia	b. COUNT	Arlin	gton	V
	(If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	N (If o	utside corp	orote limits, write	RURAL ond	give neare:	st town)
_	Bethesda		27 days		Arli	ingt	on	8	3 x	3	
	ITAL (If not in hospital,	give street			d. STREET ADDR						IS RESIDENCE ON A FARM?
The Clini	cal Center,	Beth	nesda 14	Md.	4916	3.	th St	treet, N	orth		YES NO
3. NAME OF DECEASED	Fi	st	Middle		Last		4. DATE OF	М	onth	Day	Year
(Type ar print)	Lawren	ce	Stone		Haseltine		DEATH	Deve	mber	1	1959
5. SEX	6. COLOR OR RACE	7. MARE	IED NEVER MARRI	ED-	8. DATE OF BIRTH	1-17		9. AGE (In year lost birthday)	S IF UNDER		UNDER 24 HR
Male	White	WIDOW			23 July			12 yr	5.		Hours Min.
10a. USUAL OCCUPAT during most af wo	TON (Give kind of work orking life, even if retired	dane 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLACE	(Stote	or foreign o	country)	12.CIT	IZEN OF W	/HAT COUNTRY
Stude			None		Wasl	hin	gton,	D.C.		U.S.	.A.
13. FATHER'S NAME					14. MOTHER'S MAI				-24		-1-15
	n S. Haselt					y C:	leven	ger			
15. WAS DECEASED EN	/ER IN U. S. ARMED FOR		SOCIAL SECURITY NO). 1	NFORMANT The	Me	feaith	Record	ddress		
no			None	T	he Clinica				da 14.	Mary	vland
IB. CAUSE OF DE	EATH [Enter only one co	use per li	ne for (o), (b), and (c).		4					INTERV	VAL BETWEEN
PART I. DI	ATH WAS CAUSED BY:		Cardiac A:	,	4-					ONSET	AND DEATH
2241	IMMEDIATE CAUSE (c		Cardiac A.	rres	Ú.						
Canditions, if)(Pheochrom	ocyt	oma.						2 years
couse (o), statin	g the under- DUE TO										
lying couse lost											
PART II. O WILD STATE OF THE CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION (IF EITHER, NOTIF	ther significant con	iditions <u>c</u>	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE	TERMI	NAL DISEAS	SE CONDITION O	IVEN IN PAR		WAS AUTOPS' PERFORMED? 'ES INO [
200. ACCIDENT VOR CONTRIBUTION	VAS UNDERLYING ☐ IG ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRE	D. (Enter noture of inju	ury in I	Part I or Pa	rt II of item 1B.)			
		201 11	NJURY OCCURRED	20.e PI	ACE OF INJURY (Home		1 205 (C:4			C 1 1	161-1
WEDI CALL HOUR OF INJU		While	Not while		ctory, street, office bld			y or town)	(County)	(State
₽. m	19	at war			- V- V						
21. I certify	that I attended the	deceas	ed framNovs	embe	r. 11, 1959, to	De	cembe	r 1 195	9that I le	ast saw t	the decease
	ecember 1				occurred at 4						
	0. 1	,						Street, city or tow		c ddic s	DATE SIGNE
ACTUAL	ours De	10.1.	o b				3 0-	4		12	/1/59
SIGNATURE	, and	egus	L pi		M.D. The Cli						1_=1_21
PHYSICIAN'S NAME (Type)	Louis Gill	espie	Jr. M.D.		Nationa Bethesda	14	nstitu . Mar	utes of yland	Health	1	
	ON, 22b. DATE THEREC)F	22c. NAME OF CEM	ETERY O				TION (City, town	, ar county)		(Stote)
REMOVAL (Specifi Cremati)	Cedar	Hill	Cremator	37			Md.		
23 FUNERAL DIRECTO							BY REGIS	TRAR 24b. REG	GISTRAR'S SI	GNATURE	
Buch	_//_ //	2847	Wilson B Arlington.	IVd.	,	- 5	EC 7	'59	arthur	J. That	A.A.
DY. 1///	· Tracel		Traing Coll,	v a	•	116					

The art that the Health and the statement and the same and and The Children Contes, Belliagen M. M. Col. Str. Street, March I THE TANK I distribution, D.C. 2:4 The Committee of the Co Mile Without Bestar, Believed M. Skerland Course pathy 45 mindytoominineeds: entre la la control de la descenda d La descenda de la de The state of the s

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1		MARYL	AND	STATE DEPAR	TMEN	IT OF HEALTH	-BAL	TIMORE, 18	3	4400=
		1391	7	CERTIF	ICAT	E OF DEATH	1		Reg. Dist. No.	13865
	1. PLACE OF DEATH o. COUNTY Montgomery			MARYLA		DISTRICT O		h COUNTY	: Residence befo	re admission)
	b. CITY OR TOWN (IF a RURAL ond give near Bethesda (d. NAME OF HOSPITAL OR INSTITUTION	Rural)		c. LENGTH OF STAY IN 319 days	1 1b	c. CITY OR TOWN (IF of Washington d. STREET ADDRESS			RAL ond give ned	e. IS RESIDENCE ON A FARM?
1	U.S. Naval	Hospital,	Beth	esda Md.		3133 Conn.	Ave.	Kennedy/A	pt.	YES NO
	3. NAME OF DECEASED (Type or print)	Mary	it	Martha		Los1 HECK	4. DATE OF DEATH	December	. 6	y Yeor 19 59
	5. SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED DIVORCED	-	3-25-94		1 1 1 1 1 1 1	Months Doys	Hours Min.
1	10o. USUAL OCCUPATION during most of workin U.S. Navy	(Give kind of work of g life, even if retired)		S. Governme	ent	Maryland		country)	12. CITIZEN OF	WHAT COUNTRY?
1	John HECK				1	Sarah LOGU				
	15. WAS DECEASED EVER (Yes, no, or unknown) Yes	IN U. S. ARMED FOR yes, give war or dates of set W II		SOCIAL SECURITY NO.		rmant ter) Elsie	H. Ele	Addres	° 2201 E ltimore	chodale A
	Conditions, if ony gove rise to improve (o), stoting the lying couse lost. Part II. OTHE	mediote DUE TO		CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERMI	NAL DISEAS	se condition given	1 IN PART 1(o) 1	9. WAS AUTOPSY
	PART II. OTHER	UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter noture of injury in f	Part I or Par	rt II of item 18.)		YES NO
	20c. TIME OF INJURY Hour o. m. p. m.		While	NJURY OCCURRED 2 Not while of work	0e. PLACE foctory	OF INJURY (Home, form, street, office bldg., etc.	20f. (City	y or town)	(County)	(Stote)
,		cember Land	12	long	leath ac	, 19 59, to 6 curred at 5:06 U.S. Naval	M, from ADDRESS (S HOSP)	the causes and itreet, city or town, street, large that the ital, Beth	an the date ote) iesda Md	stated abave. DATE SIGNED
	220. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL		F	22c. NAME OF CEMET Arlington		EMATORY	22d. LOCA	TION (City, town, or Lington V	counly)	(Stote)
	23. FUNERAL DIRECTOR'S		Pann	ADDRESS		24a. REC'	D BY REGIS	TRAR 24b. REGIST	RAR'S SIGNATU	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13866

eg. Dist. No.

-		TOOLO							Keg. Dis	T. No.	
1	PLACE OF DEATH	Montgomer	cy	MAR	YLAND	2. USUAL RESIDENCE (ution, Residen		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)			c. LENGTH OF STAY							
	Bethe					X Be	thesd	a			
	d. NAME OF HOSPITA	AL OR INSTITUTION (I	f not in ho	spitol, give street oddre	165)	d. STREET ADDRESS					RESIDENCE
	8300 1	Cilbury St	reet			83	00 Ti	1bury S	t.		□ NO K
3	DECEASED (Type or print)	HAROLI		Middle C.	HE	Lost I GHAM	4. DATE OF DEATH	Dec.	h 3,	Doy	Year 1959
5	. SEX	6. COLOR OR RACE	7. MARRI	ED X NEVER MARRIE	D 🔲 8.	DATE OF SIRTH		9. AGE (In years lost birthday)	IF UNDER 1		DER 24 HRS.
	Male	White	WIDOWE	DIVORCED	OF	eb. 18, 1	904	55 yrs.	Months D	lays Hours	Min.
1	Oa. USUAL OCCUPATION during most of working	ON (Give kind of work on the life, even if retired)	10 100			Y 11. BIRTHPLACE (Stot		country)		EN OF WHA	T COUNTRY
-	Draftsmar		Ţ	J.S. Gov'	t	New Yo			U.	S.	
	3. FATHER'S NAME					14. MOTHER'S MAIDEN					
			leigh			Ella	A. I	ttner			THUE
	Yes, no. or unknown)	ER IN U. S. ARMED FOI (If yes, give war or dates of	service)	SOCIAL SECURITY NO	. 17. IN	FORMANT Wife		Address			410
1	No			Unknown	Sa	rah M. He	igham	Sa	me as	Item	1 #2
1	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]								INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary Occlusion							Sudden			
	1420.1	420.1 DUE TO									
1	Conditions, if or							65 00	-1.55		
	(o), stoting the										
1	couse lost.) (c).								1	
101010	PART II. OTH	IER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GI	VEN IN PART	1(o) 19. WAS PERF YES []	ORMED?
10000	PRIMARY OF CONCAUSE OF DEATH.	USE WAS NTRIBUTING 1	b. DESCRIB	E HOW INJURY OCCU	IRRED. (En	ter noture of injury in Po	rt I or Port II	of item 18.)			
1	20c. TIME OF INJUI	RY Month, Day, Yea			20e. PLAC	E OF INJURY (Home, for	m, 20f. (Cit	y or town)	(Coun	ואין	(Stote)
1	Hour o.m.	19	While of we	e Not while ork ot work	racioi	y, street, office bldg., et	c.,				
	21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection Inquiry, and find the										
	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .										
	ACTUAL SIGNATURE John D. Bringhart M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED									SIGNED	
-	EXAMINER'S FRANK J. BROSCHART ASSISTANT MEDICAL EXAMINER Dec. 3, 1959 DEC. 3, 1959 DEPUTY MEDICAL EXAMINER X										
2	20. BURIAL, CREMATIO		F	22c. NAME OF CEME	TERY OR C	REMATORY	22d. LOCA	TION (City, town,	or county)	(Sto	ote)
В	REMOVAL (Specify)	12-5-59)	Cedar Hi	11 0	emetery.	Pri	nce Geo	rge (10 N	1d.
2	3. FUNERAL DIRECTOR		7777	ADDRESS		24a. REC	ERY REGIS	TBAR 24b. REGI	STRAR'S SIGN	NATURE	
	ROBERT	A. PUMPHI	KEY	Bethesd	a, M	d.	-V 1	33	rithun S.	/ CLANCE	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the militate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registration to burial, cremation, or remaval. VS. A15ME(5) 5M 9/55

MEDICAL EXAMINER'S CERRIFICATE OF DEATH de la sont de la constitución de la companya de la constitución de la State water the service of

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12/18/25	Continued in production	: 1 1 1 CL	t militar
	Appendix at the second		

70000			Reg. Dist. No.				
o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE DC b. COUN					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washing to n 47 X - 3					
d. NAME OF HOSPITAL (18 not in hospital, give street or institution 9301 Weaver The Althea Woodland	Street Nursing Hom	d. STREET ADDRESS 1661 Harvard Stre	et N.W. S RESIDENCE ON A FARM? YES NO [
3. NAME OF DECEASED (Type or print)	Middle	Terman 4. DATE OF DEATH DE	Aanth Day Year 9 1959				
S. SEX. Wale 6. COLOR OR RACE 7. MARY		B. DATE OF BIRTH 10/26/79 9. AGE (In year lost birthday 80 year)	Months Doys Hours Min.				
Oo. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Retired operator L	kind of Business or Indus	Washington, D.C.	12. CITIZEN OF WHAT COUNTRY U.S.A.				
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
Abraham Herman		Amelia-Fishman	The second second				
(S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes, no, or unknown) (If yes, give war or dates of service)			eaver Street Spring Md				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 3 3 / X Conditions, if ony, which gave rise to immediate couse (o), stating the under-lying couse last. Column 1. OTHER SIGNIFICANT CONDITIONS (C) PART II. OTHER SIGNIFICANT CONDITIONS (C) 20a. ACCIDENT WAS UNDERLYING 20b. DES	Hypo	NOT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?				
20c. TIME OF INJURY Month, Doy, Year 20d. I Haur o. m. 19 While at wor	Not while fac	ACE OF INJURY (Home, form, 20f. (City or town) tary, street, affice bldg., etc.)	(County) (Stat				
21. I certify that I attended the decease alive an Series In M. And SIGNATURE PHYSICIAN'S JOHN N. AND AND SIGNATURE (Type)	rews		7, that I last saw the decease and an the date stated above, state) DATE SIGNI DECT-S				
Cremation 12/9/59	Fort Lincol	n Crematory Prince Ge	orges County				
The S. H. Hines Co.			Criting S. Thomas				

TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hamay be and by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler page 3 should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 at the registrar priar to burial, crematian, or removal, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/SB

urs after death. Page 4

ely filler of by the funeral director, Pages 1 and 2 shauld be filed with

Look Harrard I beent M. W. D. C. The state of the s March 1981 March 1884 Charles Stander Hyper Bureau The Hamiltonia It of 12 The the state of the same of the s assaction (Interior a Majorandelly) THE REPORT OF THE PARTY OF THE

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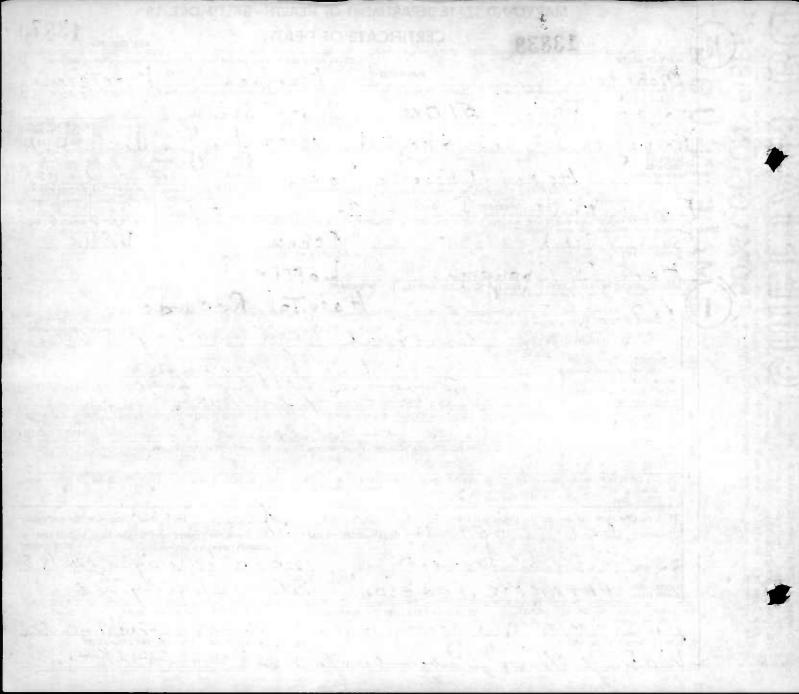
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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the registrar

VS A1S (4) 1SM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13871

				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	D	•		Reg. Di	st, No.		
1. PLACE OF DEATH o. COUNTY MO	ntgomery		MARYLAND	2. USUAL RE		ere deceased I	ived. If institution b. COUNTY	Pro			on)
b. CITY OR TOWN (If RURAL and give nec	outside corporate limits, arest town) Spring,		stay in 16	10000		utside carpora	te limits, write R)
OR INSTITUTION	ardens Nur		е	d. STREET	ADDRESS	ris ave				ON A	FARM?
3. NAME OF DECEASED (Type or print)	First MINNIE		Middle	HOBBS	ost	4. DATE OF DEATH	Man Dec	embe	p Doy		eor 9 59
female	6. COLOR OR RACE 7. White . W		MARRIED	8. DATE OF BIR	ТН		AGE (In years last birthday) 30 ? yrs.	IF UNDER Months	1 YEAR Days	Havrs	R 24 HRS. Min.
00. USUAL OCCUPATION during most of worki	N (Give kind of work doning life, even if retired) Housewife	own hor			hio	or foreign cau	ntry)	12. CI			COUNTRY
3. FATHER'S NAME		Unknown		14. MOTHER	s maiden n	IAME			4		
15. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FORCES f yes, give wor or dates of service			nformant bell G	all	Bradbu	Addi				
Canditians, if an gave rise to im catse (a), stating the lying couse lost.	DUE TO (c)_	Acute He Hyper py:	rexia,	Unkno		use			36) ho	urs
CATIC	ER SIGNIFICANT CONDIT	ONS CONTRIBUTING						EN IN PAR	T 1(a) 19	PERFOR	MED?
		D. DESCRIBE HOW HAY									
20c. TIME OF INJURY Haur a. m. p. m.		20d. INJURY OCCURRI While NaI while of wark OI work	fac	ACE OF INJURY clary, street, offi	(Home, farm ce bldg., etc.	, 20f. (City o	r town)	(0	County)		(Stote)
actual SIGNATURE	obert T. T	1959, and	that death	occurred o	2:30 09 Co singt	am, from address (streen cord	st, city or town, Street	nd on the	he date	state DA	d above
REMOVAL (Specify) Burial	12/23/59	Congr	essiona	al Ceme	tery	Wasi	nington	D. C		(State	
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			24a. REC'I	BY REGISTRA	R 24b. REGIS	TRAR'S SIG			

e. IS RESIDENCE ON A FARM?

YES NOT

Rea. Dist. No.

Montgome ry

CERTIFICATE OF DEATH 13922 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Mont gome ry Mary land b. COUNTY MARYLAND

with director PLACE OF DEATH filed o. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe Silly endair Spring Silver Spring P d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
9806 Forest Grove Drive d. STREET ADDRESS 9806 Forest Grove Drive 2 NAME OF Middle Mattie Lula Hodge (Type or print) 6. COLOR OR RACE 7. MARPIED T NEVER MARPIED 8. DATE OF BIR H whit e female WIDOWED M Dec 17.1878 complet popers. Qa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) eath. during most of working life, even if retired) Housewife ŏ carban FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME Renfrow William Ivan move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Alga no No ease 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] d PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 450.0 DUE TO E. Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost.

December 31 9. AGE (In years st birthdoy) yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Doys Months Hours

12. CITIZEN OF WHAT COUNTRY? USA

Lewis

Address 1601 Argonne Pl NW-

INTERVAL BETWEEN ONSET AND DEATH Myocarded Graeling PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

Ann

North Carolina

Cora

Hodge

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED o. m. Not while of work of work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.

(County) (Stote)

PERFORMED? YES NO

21. I certify that I attended the deceased fram 10-12 1959, to 12-3/, 1959, that I last saw the deceased and that death accurred at 10:05AM, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state)

ACTUAL PHYSICIAN'S W.B. Wardrop NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE The S.H. Hines

Removal

22c. NAME OF CEMETERY OR CREMATORY

Maplewood

Co.-2901 14th S

22d. LOCATION (City, town, or county) (Stote) Wilson. North Carolina

24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR arthur & Kraus

FUNERAL DINE 0 VS A15 (4) 15M 9/58

puo physicion attending þ signed certificate CTOR: registror

Funeral

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		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	MA
		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	73
5		7 2 0 9 2 Reg. Dist. No.	
	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm	ission)
5		a. COUNTY MONTH MARYLAND a. STATE Mayland b. COUNTY Howard	100
burio		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest to and give pearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest to	wn)
0		Cliny D.O.A. Holland 13x-2	
or 099			ESIDENCE
		Monty Co. Yen. Horf Halls Shop Rd 19	从 参包
5	3.	NAME OF First Middle Lost 4. DAYE Month Doy Y	fear
			259
	5.		ER 24 HRS.
		Male white WIDOWED DIVORCED 2-14-1891 68 yrs. Months Days Hours	Min.
	10	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT	COUNTRY?
1	1	Landscape (/n	
(1	13	3. FATHER'S NAME UNKNOWN 14. MOTHER'S MAIDEN NAME TINKNOWN	
	1	Unknown	
	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	
	1	Ver, no or unknown) (If yes, give war or dates of service) 220 32 6658 Bentah Hottman	
		18. CAUSE OF DEATH [Enler only one cause per line for (o), (b), and (c).]	EEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Clarites My aparolite: 14 hr	AFH
		421.4 DUE TO 0.5	
	18	le mi a la l	w
		gove rise to immediate couse	V 2
		(o), stoling the underlying DUE TO	
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS	
(CATION	PERFO YES	RMED?
	CERTIF	PRIMARY OF CONTRIBUTING CONTRIB	
	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) (County)	(Stote)
	MEDIC		(0.0.0)
	>		61 1 11
		21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry , and	rind that
		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .	
		ACTUAL STATE OF THE PROPERTY OF THE PARTY OF	IGNED
		SIGNATURE M.D. CHIEF MEDICAL EXAMINER [

T. 13toschant

ADDRESS

-59

22c. NAME OF CEMETERY OR CREMATORY

Laytonsville, Md

Lukes

VS. A15ME(5) 5M 9/55

EXAMINER'S NAME (Type)

220. BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

23

Dec.

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE aring S. Thous

12-20-59

(State)

Md.

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATEDEC 2 3 '59

Redland

22d. LOCATION (City, town, or county)

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	the special control
El accadador no cardo a como de la como de l	
Emperoration reality	
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the registror prior to buriol, cremotion, ar remavol, and in any event within 72 haurs after deaths. may be reset by the hospitol or ottending physician.

O FUNERA POIRECTOR: After this certificate has been signed by the ottending physician and completely filled

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hry TO HOSPITA VS /

j	
A1S (4) 9/S8	B

	7007	2	CERTIFIC	ATE OF	DEATE			Reg. I	Dist. No		
o. COUNTY	VED V		MARYLAND	o. STATE		ere deceose	b. COUNTY			ore admis	sion)
b. CITY OR TOWN RURAL ond give	(If outside carporate lim	nits, write c. LEt	NGTH OF STAY IN 16	c. CITY OR		outside corpo	MONT rote limits, write R			arest tow	n)
OLNEY	negresi idwiij	100	4 DAYS	X DERW	non						
	PITAL (If nat in haspital, N	give street address		d. STREET							FARM?
MONTGOME				<u>II</u>		T					
NAME OF DECEASED (Type or print)		ORENCE	Middle VIRGI		TINGE1	4. DATE OF DEATH	DECE		Do	-	Year 19 5
. SEX			NEVER MARRIED	8. DATE OF BIR			9. AGE (In years		-		ER 24 HRS.
F_MALE	WHITE	WIDOWED [DIVORCED	8/2/	1889		lost birthday) yrs.	Months	Days	Hours	Min.
o. USUAL OCCUPA during most of w	TION (Give kind af work arking life, even if retired	done 10b. KIND (OF BUSINESS OR IND	JSTRY 11. 8IRTH				12.CI			OUNTRY?
	ISWF			11. 110711571		VIRGI	NIA		US	SA	
. FATHER'S NAME				14. MOTHER							
	EVI -Brady				AN	White	ecotton				11 2 3
S. WAS DECEASED E	VER IN U. S. ARMED FOI 1 (If yes, give war or dates of		L SECURITY NO.	INFORMANT			Add	ress			
no		n	0	HOSPIT	AL RE	CORDS		OLNI	EY. 1	10.	
18. CAUSE OF E	EATH [Enter anly ane o	ause per line for (o), (b), and (c).]				. /		INT	ERVAL 8	
PART I. D	EATH WAS CAUSED BY:	. C.DAR	Iral Vac	culan	The	mula	110	411.	ONS	SET AND	DEATH
331 X	IMMEDIATE CAUSE (0 0000	00000	1.000	7700	,		Te cor	4-5	7-
		0.+	0.		0.1				- 174	>	
Conditions, if	immediate	b) are	en sun	auc ,	Jer	end	ger ise	ren	-		
couse (o), statis	g the under- DUE TO	0					()		148		
lying cause lo	_ ′	c)									
PART II. C	OTHER SIGNIFICANT, CON	NDITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED T	O THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	ART 1(o) 1	9. WAS PERFO	AUTOPSY DRMED?
	elension	essen	teal ! -	relacut	euri	nan	unpete	02		YES	NO 🗵
	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE I	HOW INJURY OCCURR	ED. (Enter noture	of injury in	Part I or Pog	II of ikem 18.)				
20c. TIME OF INJ Hour o. n	URY Month, Doy, Ye	ear 20d. INJURY	OCCURRED 20e. F	LACE OF INJURY	(Hame, farm	, 20f. (City	or town)		(County)		(State)
Hour o. n	10	While Not work of	lat while f	actory, street, affi	ce bldg., etc	.)					
p. n				-	~ ~	<u> </u>	25- 15				
21. I certify	that I attended the	e deceased fro	am Januar	/			25, 19:55				
alive an	ec 25	19 19	_, and that deat	h accurred a	10:05	M, fram	the causes an	d an tl	he date	stated	d abave
	1 3		. (ADDRESS (S	treet, city or tawn,	stote)		DA	TE SIGNED
SIGNATURE	2 mea	lors '	w	M.D						12	126/
											/
PHYSICIAN'S NAME (Type)	G.F. MEAL	DORS. M.	D.		DAM	ASCUS,	MARYLAN	D			97.1
o. BURIAL, CREMA			NAME OF CEMETERY	OR CREMATORY			TION (City, town,)	(Sta	te)
Buria		The second of the second	Flower H			Re	dland,	Moni	t.,	Md.	
. FUNERAL DIRECTO	A		ADDRESS	111	240 PFC'	D BY REGIST	TRAR 24b. REGI	STRAR'S	SIGNATU	RE	
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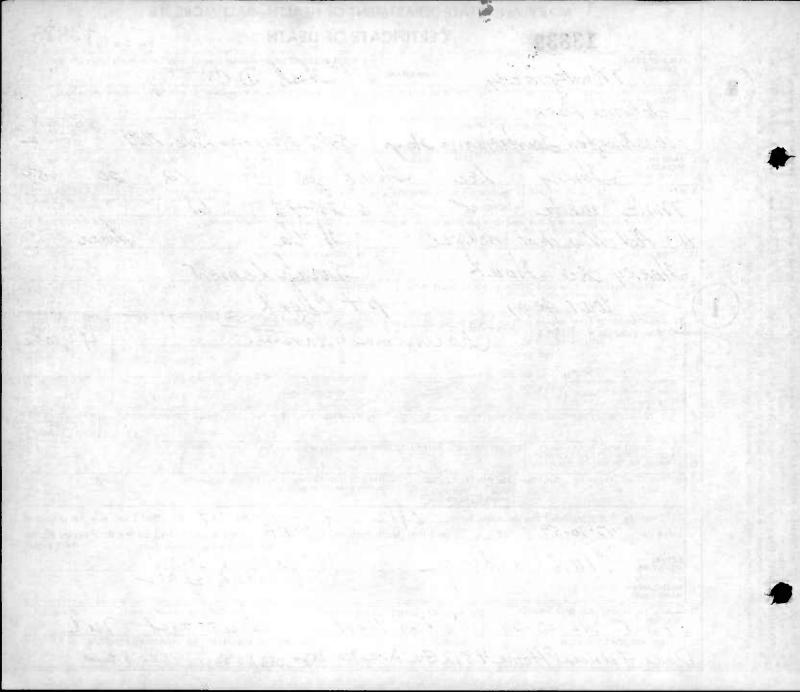
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13839	CERTIFICATE C	OF DEATH
2000		

Reg. Dist. No.13875

1	1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) b. COUNTY b. COUNTY						
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ACCOMP FARK							
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION WAS RINK LEN JANIHARIUM & Hospi	d. STREET ADDRESS SHIP Kansas Ave. NW. e. IS RESIDENCE ON A FARM? YES \(\sigma \text{NO} \)						
	3. NAME OF DECEASED (Type or print) THAPPY LEE Holder	Last 4. DATE Month Day Year OF DEATH 12 20 1958						
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 6-25-98 9. AGE (In years lost birthdoy) 7 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS.						
	10a. USUAL OCCUPATION (Give kind of wark done during mast of working life, even if refired) 13. FATHER'S NAME	11. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDENNAME						
	Harry Lee Hour	Jakah Lemen						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) (If yes, give wor or dates of service)	b'+ Chap & Address						
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-	12 Grantile Interval Between ONSET AND DEATH C.J. Years						
)	CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO						
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I ar Part II of item 18.)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While Not while of work at work 19	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) ctory, street, office bldg., etc.)						
	21. I certify that I attended the deceased fram \$\frac{12}{2}\$ alive an \$\frac{12}{2}\$ and that death signature \$\frac{12}{2}\$ ACTUAL SIGNATURE \$\frac{12}{2}\$ PHYSICIAN'S NAME (Type)	n accurred at 1940, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED WASH 12 800						
2	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	OR CREMATORY 22d. LOCATION (City town, or county) (Stote)						
3	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Deal Funeral Home 4812 Ga Av.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE NW DEPARTE DEC 2 8 '59 Outlan S. Krous						



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ng physician and campletely filled in by the funeral director,	s remave carban papers. Pages 1 and 2 shauld be filed with 72 haurs after death.	-
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		MARYI	AND	STATE DEPART	ME	NT OF HEALTH	-BAL	TIMORE, 1	8			
		139	25	CERTIFI	CA	TE OF DEATH			Reg. Di	st. No.	38	76
	PLACE OF DEATH o. COUNTY Mor	ntgomery		MARYLAN		2. USUAL RESIDENCE (Whe o. STATE Marylan				ce befor		
	b. CITY OR TOWN (IF RURAL and give ne Bethesda	outside corporate limi arest tawn)	ts, write	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If ou		prote limits, write RL	JRAL ond	give neo	rest low	2
	OR INSTITUTION	AL (If not in hospital, g		esda 14, Md.		d. STREET ADDRESS 4 Saint	Agnes	s Road				IDENCE FARM? NO
	NAME OF DECEASED (Type or print)	Fir Oke		Middle May		tost Huffman	4. DATE OF DEATH	Mont Decer		Doy 23		Yeor 1959
S.	Female	6. COLOR OR RACE White	7. MARE	HED NEVER MARRIED DIVORCED		June 7, 1951		9. AGE (In years lost birthday) yrs.	Months Months	1 YEAR Days	Hours	R 24 HRS. Min.
10c	o. USUAL OCCUPATIO during most of working Student	N (Give kind of wark ing life, even if retired	done 10b.	KIND OF BUSINESS OR IN School	IDUST	RY 11. BIRTHPLACE (State o West Vir			12. CIT		S. I	OUNTRY?
13.	Otuce H	uffman				14. MOTHER'S MAIDEN NA Orada Bo	ostic					
		RIN U. S. ARMED FOR If yes, give wor or dates of s		None		ormant The Medi he Clinical C				, Ma	aryla	and
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), and (c).] Gastro-intes	sti	nal Hemorrhag	ge_			ONS	RVAL BE ET AND 36 He	
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost. DUE TO Acute Lymphatic Leukemia DUE TO (c)							6	Mos	5.			
CERTIFICATION						(Finter poture of injury in Po			EN IN PAR	T 1(a) 1	PERFO	RMED?
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) 20c. TIME OF INJURY Manth, Day, Year Hour o. m. 19 20d. INJURY OCCURRED OF INJURY (Home, farm, 120f. (City or town) (County) While Not while of work of wo							(State)					

November 2, 1959, to December, 23,3959, that I last saw the deceased and that death accurred at 1:25pm, from the causes and an the date stated above. 21. I certify that I attended the deceased fram._ alive an December 23 DATE SIGNED ADDRESS (Street, city or town, stote)

The Clinical Center 12- 23- 59 ACTUAL SIGNATURE National Institutes of Health PHYSICIAN'S Charles E. Mengel M. D. Bethesda 14. NAME (Type) Maryland

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (Stote) REMOVAL (Specify)
Burial 12/24/59 Glen Haven Cemetery GlenBurnie, Maryland 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR Robert A. Pumphrey

Bethesda, Maryland DATE

VS A1S (4) 1SM 9/SB

The University September 2, 1997 to the Associated September 2, 1997 to the College September 2, 19

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VS. A15ME(5)

SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13926 2. USUAL RESIDENCE (Where deceased lived. If institutions

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i.	C	0	-	4	

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Q. STATE MARYLAND Montgomery Margaland b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) and give nearest town) Rethesda Retherds d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO. 2039 NAME OF First Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 19 PORRET HIII.I.TNCHORS' 50 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Days Haurs WIDOWED | DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) S Army 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Yes No. o 212038-8033 JEAN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary occlusion Sudden DUE TO Conditions, if any, which gove rise to immediate cause **DUE TO** (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Not while g. m. of wark at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry T and find that death resulted from: Natural causes Accident . Suicide . Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 12/10/59 EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Arlington National Cem. Burial Arlington, Virginia 23. FUNERAL DIRECTOR'S SIGNATURE 816 HOSE. N. E. 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Michael DEC 1 4 '59 arthur & Kenne Rinaldi Funeral Washington 2. D. DATE

	CS CERTIFICATE OF DEATH		
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after death. Page 4 funeral directar,

Pages 1 and 2 should be CTOR: After this certificate has been signed by the attending physician and campletely filled in the remove-carban papers. ours after death crematian, ar remayal, and in any event within 72 Then please detached for use as the burial-transit permit.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. the haspital ar attending physician. page 3 shauld be TO FUNERAL D TO HOSPITAL

the registrar priar to burial,

VS A1S (4) 1SM 9/S8

	13:	927	CERTIFICA	ATE OF DEATH	1	R	eg. Dist. No	10010
1	PLACE OF DEATH o. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylar		b. COUNTY .	Residence before Montgome	
	b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate l	imits, write RUR	AL and give ne	arest town)
-	Bethesda d. NAME OF HOSPITAL (If not in hospital, gor INSTITUTION	ive street	52 days	Kensington d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
-		_	nesda lli, Md.	3216 Edgewo				YES NO
3	NAME OF DECEASED (Type or print) Char		(None)	Jackson	4. DATE OF DEATH	Month	10	
5				8. DATE OF BIRTH				IF UNDER 24 HRS.
	Female White	WIDOWE		May 25, 1926	la	st birthday) N	fanths Doys	Haurs Min.
1	Oa. USUAL OCCUPATION (Give kind of work during most of warking life, even if retired	done 10b.			or foreign country)		WHAT COUNTRY?
-	None (Housewife) 3. FATHER'S NAME		None	New York	AME		U.	S. A.
1				The state of the s				
-	David L. Alpert s. was deceased ever in u. s. armed for	creo la	and the company of the	Sophia Ste		3 411		
	Yes, no, or unknown) (If yes, give war or dates of s	ervice)		he Clinical Co				ryland
F	18. CAUSE OF DEATH [Enter only one co	use per lir					INT	ERVAL SETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	P	Respiratory	failure			ONS	minutes
	190.9 DUE TO							
Т	Conditions, if ony, which		Massive pulr	monary infilt	ration ar	nd hemot	thorax	days
	gave rise to immediate cause (a), stating the under-							
1	lying cause last.)	Malignant me	lanoma				22 months
	PART II. OTHER SIGNIFICANT CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DITIONS C			NAL DISEASE CON	NDITION GIVEN	IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES NO
		20b. DESC	CRISE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Port I or Port II of	item 18.)		
	20c. TIME OF INJURY Month, Doy, Ye Hour o. m. p. m.	20d, In While of worl	Not while fac	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.		wn)	(County)	(Stote)
	21. I certify that I attended the	decease	ed from October 1	9 19 59 to De	cember 1	0 19 59th	at I last say	v the deceased
	alive on December 10		59, and that death					
		2 14	dia mai deam		ADDRESS (Street,			DATE SIGNED
	ACTUAL SIGNATURE CENTRAL	-14	ichame	Mo. The Clin	ical Cen	ter	12-	-10-59
	PHYSICIAN'S Richard C	. Med	chanic, M. D.	National Bethesda			Health	
2	20. BURIAL, CREMATION, REMOVAL (Specify) DEC. 11, 1		22c, NAME OF CEMETERY OF MT. LEBANO		22d. LOCATION	(City, town, or o		(State)
2	3. FUNERAL DIRECTOR'S SIGNATURE B. DANZANSKY + S	ONS.	ADDRESS -3501-1455	DATE DE	C 1 4 '59	24b. REGISTR	AR'S SIGNATU	RE

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Reg. Dist. No.

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) [PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
		// mamery MARYLAND	o. STATE mel b. COUNTY montag					
	b	c. LENGTH OF STAY IN 16 and give general town)	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nyarest town)					
	Selvar Spring life Do Selvar Spring							
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
	_	8913 Brookville Rd	8913 Brootwelle Re YES NO 10					
M		NAME OF DECEASED Type or print) Margary Henderson Hame	Lost 4. DATE Manth Day Year OF DEATH 20 7 1959					
	5. S	EX 6 COLOR OR RACE 7. MARRIED NEVER MAJRIED 8.						
		Yeurse V cel WIDOWED DIVORCED	9-9-26 33 yrs. Months Days Hours Min.					
	100	VISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING Working life, even if retired)	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?					
-	0	horsewste	ms 11.5 a					
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	L,	James A Henderson	Mary Brown					
7	18. (res,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (o, or unknown) (If yes, give war or dates of service)	FORMANT Address					
	1		erry James the 2					
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN DINSET AND DEATH					
	2	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (0)]	lest breast wish					
		Condition 16 and which DUE TO Meltalana	, la mo					
		Conditions, If ony, which gave rise to immediate cause						
	G	(a), stating the underlying DUE TO						
	7	couse lost. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY					
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMED? YES \ NO \					
	FE	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Er	nter noture af injury in Part I ar Part II af item 18.)					
		PRIMARY Or CONTRIBUTING CAUSE OF DEATH.						
	MEDICAL		E OF INJURY (Home, form, 20f. (City or town) (County) (State)					
	WED	Hour a, m. While Nat while factor	ry, street, office bldg., etc.)					
		21. 1 certify that I taak charge of the remains described above	re, held an Autapsy, Inspection Z, Inquiry Z, and find that					
		death resulted fram: Natural causes X, Accident , Suic						
		0						
		SIGNATURE Frank 1. Drove hart	M.D. CHIEF MEDICAL EXAMINER					
6		F. A 0	ASSISTANT MEDICAL EXAMINER /2 - C CT					
4		EXAMINER'S FLANK J. Broschah	DEPUTY MEDICAL EXAMINER					
	220.	BURIAL CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR C Ash Memorial						
		\mathcal{O}	and abiting, and					
	23.	FUNERAL DIRECTOR'S SIGNATURE ROCKVIILE, Md.	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE					
		Takey 1 minus	DATE DEC 15 '59 arithur S. Krauk					

VS. A15ME(5) 5M 9/55

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MARY AND STATE DE ALTMENT OF HEALTH—SALTIMOSE, TO 1.767 BICAL EXAMINER'S CERTIFICATE OF DEATH

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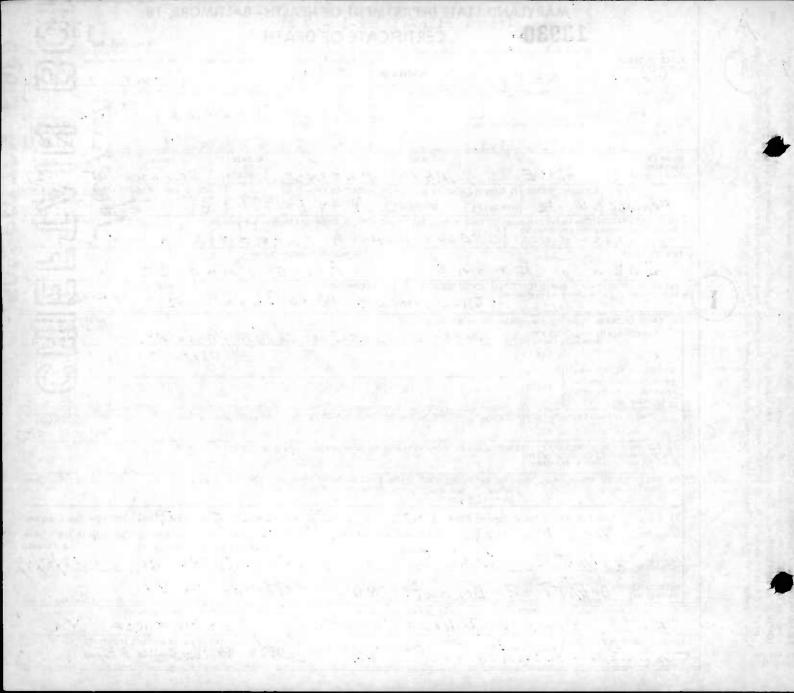
13929	CERTIFIC	ATE OF DEATH		Reg. D	ist. No.	
1. PLACE OF DEATH O. COUNTY MENTALMENT	MARYLAND	2. USUAL RESIDENCE (Who o. STATE NAVY		If institution: Reside	ince before add	mission)
b. CITY OR TOWN Woutside conforote limits, write RURAL and give beared lown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (1) or 1730 V Day	whide corporate lin	Write RURAL and	give nearest h	owly
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 430/ Weaven	oddress)	d. STREET ADDRESS	terson Ci	rurl	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print) LEOKA		ASHEMSKI	4. DATE OF DEATH	Wec.	23	Yeor 19 5
S. SEX 6. COLOR OR RACE 7. MAR WIDOW	VED DIVORCED	San. 1, 188	8 lost	birthdoy) // yrs. Months	Doys Hou	rs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during/most of working/life, even if retired)	KIND OF BUSINESS OR INDI	Golan	d	12. CI	US9	IAT COUNT
Joseph Radyiszowski		Marya	AME			
MAS DECEASED EVER IN U. S. IKMED FORCES? 16 (16s. np. of uptnown) [If the give war or dates of service]	SOCIAL SECURITY NO. 17.	tanky A. Jash	unski	415 Pers	leng 14.	88/
18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (o), (b), and (c).]	10			ONSET AL	BETWEEN NO DEATH Cary
Conditions, if ony, which (b)	severe ger	veralized a	rterios	lerosia	10	year
gove rise to immediate couse (a), stating the under-lying couse lost.	0	0			6	1
PART II. OTHER SIGNIFICANT CONDITIONS. (Interios cleritic	. Heart &	racral.			PER	S AUTOPSI
OR CONTRIBUTING LI CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRI					
20c. TIME OF INJURY Month, Doy, Year 20d. Mour o. m. While of wo	Not while	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or tow	n)	(County)	(Stote
21. I certify that I attended the decear	sed from 22 19er	confer 1957, to 23 h occurred at 6:46 A	Desember	1957, that I	last saw th	ne deceas
ACTUAL RUSSELL B.	arnsel		DDRESS (Street, ci		231	DATE SIGN
PHYSICIAN'S RUSSell B.	Arnola 1	4.D. Silver	Syrin	my md		
220. BURIAL CREMATION, 226 DATE THEREOF	14 achier	OR CREMATORY Clinility	22d. LOCATION (C	to town, or county)	askas	tote)
23. FUNERAL DIRECTOR'S SIGNATURE	Carrell DVA	WIND DATE EC	BY REGISTRAR 2 8 '59	246. REGISTRAR'S SI	GNATURE Thoma	

June spring 930 Teasur IV Joyer Kangagaski Stordy A. Jackwak: 415 Perhaps S. Ko 1 Withe William 254 Carren 2 Mile

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O HOSPILATER ALIENDING PHISICIAN: The law requires that the death certificate be executed within 24 hairs after death. Tage 4		O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it et the funeral directar,	page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with	X
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND MONTGOMERY CGOMERU b. CITY OR TOWN (If outside corporate limits_white c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and girl nearest town) RURAL and give nearest town) Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Bradley Blvd. 4. DATE OF DEATH Middle Yeor DECEASED (Type or print) December IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days DIVORCED [WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CRESS Shop SEANISTRES 13. FATHER'S NAME OKN 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: KIOSCLEROTIC CARNIO VASCULAR YEARS IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUF TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) MEDIC foctory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work 21. I certify that I attended the deceased fram. OST De C 5 195 That I last saw the deceased 19.5 7, ta_ , and that death accurred at 245PM, from the causes and an the date stated above.

YES NO P Bethesda 14 M PHYSICIAN'S DeLAWTER MD. NAME (Type) 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) UNION CEMETERU ALEXANDRIA KUR, AL 24b. REGISTRAR'S SIGNATURE ALEXANDRIA, 24a. REC'D BY REGISTRAR DEC 8 arthur S. Krous CUNNINGHAM FUNELAL HOME, Inc.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13840

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pagg

TO FUNER page 3 sheal

VS A15 (4) 1SM 10/S7 **CERTIFICATE OF DEATH**

Reg. Dist. No.

13882

		Rog. Dist. IV.
1.	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
1	Monigomeny	Mariland Montgomery
1	b. CITY OR TOWN (If outside constrole limits, write c LENGTH OF STAY IN 16	c. CITY OR TOWN (H-outside corporate limits, write RURAL and give rearest town)
L	12 roma Park 25 minis 15	Dilver Spring.
1	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Washington Janilarium at lospitall	140 Bonitant ST. YES NOX
3.	3. NAME OF DECEASED (Type or print)	Last A. DATE Month Day Year
-	13.5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Jenkihs DEATH 12 - 14 1959
1		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HKS. lost bigthday Months Days Hours Min.
1	male White WIDOWED DIVORTED	3 2 1 0 9 1 L/ 19 11.
L	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
L	1951. Juder of Roads	Ellinois U.S.a.
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Nosh Jehkins	Bertha Tineham.
15	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	
	Yes. no. or unknown) (If yes. give wer or dotes of service) 578 10_0491	Hospital Records
F	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
L	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Throw for
	4-20-/ DUE TO	
	Conditions, if ony, which)	
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TIO	S CONTRACTOR CONTRACTOR CONTRACTOR OF THE BUT NO	PERFORMED?
5	200 ACCIDENT WAS UNDERSTOONED TO 1204 DESCRIPTION OF THE PROPERTY OF THE PROPER	YES NO A
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Part I or Part II of item 18.)
3		E OF INJURY (Home, form, 20f. (City or town) (County) (State)
MEDI	Hour o. m. P. m. While Not while factor of work of work	y, street, office bldg., etc.)
	21. 1 certify that I attended the deceased from Dec. 14	., 1959, to Wee 14, 1959, that I last saw the deceased
	0	
	and man death of	ccurred atM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED
1	ACTUAL ROSS BOUND	9741 Cal Blad
1	SIGNATURE / MARCHANICA M.E	D. 1271 CO11 DIVC 12/14/2:
	PHYSICIAN'S T. Mariby Bankhead	Silver Spring Md
22	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR C	
	Dec. 18 59 Undon	Burtonsville Md.
23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRARD 246. REGISTRAR'S SIGNATURE LA
1	May w Barber Jaylonsville	DATE
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VS. A15ME(5) 5M 9/55

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ld be executed within 24 haurs after deoth. It any deloy is necessary, please exe-	ncil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be		riol-transit permit. File pages I and 2 with the registrar prior to buriol, cremation,
essary, p	Page 4		buriol,
oy is nec	rector.	, un	r prior to
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1384T DICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

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1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND		Vhere deceased lived. If Institu yland b. COUNT		
and give nearest to			101	outside carporate limits, write	RURAL and give n	earest town)
Takon	a Park	oot in hospitol, give street oddress)	// Takoma P	ark		
	Sanatarium &		d. STREET ADDRESS 7318 Ca	rroll Ave.		e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	Robert Ado		Last	4. DATE Month OF DEC. 1	9, 1959	Year 19
5. SEX	W	_	3/12/08 1902	9. AGE (In years to thirthday) 50 (57) rs.	IF UNDER 1YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPA during post of wor	TION (Give kind of work dor king life, even if retired)	10b. KIND OF BUSINESS OR INDUST Metro-Lithograph		or foreign country) rginia	12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME RO	bert M. Jenki	ns	14. MOTHER'S MAIDEN N	Havener		
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FORCE (If yes, give war or dates of serv W.W.II	tank to the same t	rs. Jenkins.	Address Item	2	
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), ond (c).] Shock			INTER	VAL BETWEEN T AND DEATH
Conditions, if gove rise to imm	nediote couse (underlying DUE TO	Hemorrhage & Lacer	ation of left	t lung	1	days
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	THER SIGNIFICANT CONDIT	Shot Gun Wound IONS CONTRIBUTING TO DEATH BUT N				P. WAS AUTOPSY PERFORMED?
	ONTRIBUTING 20b. 20b. 1.	DESCRIBE HOW INJURY OCCURRED. (E. Self inflected shown and self-self inflected shown and self-self-self-self-self-self-self-self-				
6 140 o. m	x 12/10/33	ot work of work	home	Takoma Park	(County) Montg	(Stote)
		f the remains described abovuses [], Accident [], Suid				and find that
ACTUAL SIGNATURE	Frank J. B.	onhait	_M.D. CHIEF MEDICAL EX			DATE SIGNED
EXAMINER'S NAME (Type)	Frank J. B	roschart	DEPUTY MEDICAL E	12/1	19/59	
JUNEAU Specif		22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or		(Stote)
23. FUNERAL DIRECTO W. W. CI	Dec.22, 1959 DR'S SIGNATURE HAMBERS CO.,	Arlington Nati ADDRESS Riverdale, Maryle	24a. REC'D	BY REGISTRAR 24b. REGIST	TRAR'S SIGNATURE	E
			DATE 800		A. /UN	We

ES GERTIFICATE OF DEATH	RAMINANA JADIOLARA
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2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) MONT GOMERY c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) . IS RESIDENCE ON A FARM? YES NO T Day Year 1959 IF UNDER 1 YEAR IF UNDER 24 HRS 12. CITIZEN OF WHAT COUNTRY? USA OLNEY. MARYLAND INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO ONE TEMPINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PEREORMED? NO [(County) (State) 192 that I lost saw the deceased and that death accurred at 10:58 M, from the couses and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) SANDY SPRING, MARYLAND C. H. LIGON, M. D. 22b. DATE THEREOF 22g. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Dec.7.1959 Fort Lincoln Cemetery Prince George's Co., Md HEFTOES SIGNATURATE Inc., 849 PESeorgia Ave., 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE G KG Silver Spring Md.

HENRY REPORTS 25 165 THE LONG. MATERIAL VALUE OF MERCHAN CHENT CONTROL AND CONTROL OF THE CONTROL OF CHALIFAP , I LINE TO TO Provided in Court of the Providence of the Provi " all al Apares aprila! THE STATE OF THE S

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
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		120	22	CERTI	FIC/	ATE OF DEA	ATH		Reg. Dis	it. No.	1000
1.	PLACE OF DEATH o. COUNTY Mo	ntgomery) 13	MARY	LAND	2. USUAL RESIDENCE	(Where decess	F CO!!			odmission)
1	b. CITY OR TOWN (I RURAL ond give no Censington		ts, write	c. LENGTH OF STAY	tN 1b	c. CITY OR TOWN	(If outside corp 821 Pir				-
Ca	d. NAME OF HOSPIT OR INSTITUTION Arroll Ha	Al (If not in hospital, g		oddress)		d. STREET ADDRE	ss tsville	Md.			IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	, Fir		Middle S.		JOHNSON	4. DATE OF DEATI	· We	Month Com and	Day 9	Yeor 19 - 59
5.	sex female	6. COLOR OR RACE white	7. MARR	DIVORCE		B. DATE OF BIRTH Jan 23, 18	66	9. AGE (In you lost birthd 93			F UNDER 24 HRS. Haurs Min.
	during most of work	ON (Give kind of work of king life, even if retired) ISEWIFE		wn home	R INDU	Minnes 14. Mother's Main	ota	country)		S A	WHAT COUNTRY
	Adam Sa	ilisen				Mary S					
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of the	CES? 16.	SOCIAL SECURITY NO		NFORMANT r Rayburn		erg Hy	Address attsvil	le M	ld.
7	Canditians, if a gave rise to it cause (a), stating lying cause lost.	mmediate the under-	, E	SSENTIA SENERA	4L L12	ED /		ion	EASE		VAL BETWEEN
CERTIFICATION				SENILLI	ry	NOT RELATED TO THE					PERFORMED?
	(IF ETIMER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	TRIBE HOW INJURY O	CGURRE	D. (Enter noture of injur	y in Part I or Pa	ort II of item IB.)		
MEDICAL	20c. TIME OF INJUR Hour a. ft. p. m.	Y Month, Day, Yes 19	While	Nat while of work		ACE OF INJURY (Home, ctary, street, affice bldg		ty or town)	(C	ounty)	(Stote)
	21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Alexander the	decease , 19 de			occurred a S	AM, fro	om the cause Street, city or to	es and on th	ne date	the decease stated abave DATE SIGNE
22		Dec 12.		22c. NAME OF CEMI				ATION (City, to			(Stole)
23	FUNERAL DIRECTOR			ADDRESS		240.	REC'D BY REGIS	STRAR 24b. I	EGISTRAR'S SIG		
	· uasch	's Sons I	ivatt	Svilla M	40 MG	DAT	DEC 1 4	59	(1.11. P	#	

DATE DEC 1 4 '59

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

13885

2.00		PLACE OF DEATH D. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	L'	M. on torners MARYLAND	o. STATE med b. COUNTY Monta
	b	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give/nearest lown)
		Ruskasela 3 mg	26 Rack -060
	•	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	destreet ADDRESS e. IS RESIDENCE
		Story Creek Rf	Story Creek Rd YES NO
	-1	NAME OF DECEASED (Type or print) (Type or print)	Last A. DATE Month Day Year OF DEATH
	5. 9	William Unno yo	DATE OF BIRTH P. AGE (In years IF UNDER 14 HRS.
		male white WIDOWED DIVORCED	8-15-1913 leat birthday! Months Days Hours Min.
	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTING MOST of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1		Salesman	Maryland 97-59
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		um 12 Johnson	Lelian Knott
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
	Y	es 11 579-05-7549	Cing Johnson (wife) Ilun 2
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Carton mm	the downing
		973.1 DUE TO	
		Conditions, if any, which) (b)	
		gove rise to immediate cause (o), stating the underlying DUE TO	
		couse lost. (c)	
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED?
)	CATI		YES NO W
	CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY GOT CONTRIBUTING # 20b. DESCRIBE HOW INJURY OCCURRED. (Er CAUSE OF DEATH.)	nter nature of injury in Part I or Port II of item 18.)
		CAUSE OF DEATH. Found on floor of ch	ased Amaga
	MEDICAL		E OF INJURY Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
	MED	Hour m. /2, 25 1963 While Not while of work of at work	home Rockerle morty me
Ĥ		21. I certify that I took charge of the remains described above	ve, held an Autapsy 🔲, Inspection 📈, Inquiry 🗷, and find that
		death resulted fram: Natural causes, Accident, Suice	cide X, Homicide , Undetermined cause .
		1.	
		SIGNATURE SAGE VINERALL	M.D. CHIEF MEDICAL EXAMINER [
			ASSISTANT MEDICAL EXAMINER
		EXAMINER'S FLANKIT, BLOSCHENT	DEPUTY MEDICAL EXAMINER 12 - 25-59
	220 B	BURIAL CREMATION. 22b. DATE THEREOF Parklawn Cen	
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	F	Robert A. Pumphrey, Bethesda, Mary	yland
			10ABEC 3 0 '59 O. II - 9 K

	TAPURO STADRITH	CVT EX EWINER, 2 CL	157
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		TO STATE OF STATE	
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			remembers a functioner

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please exer-
cute the ce ple, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dir. 2. Page 4 should be
forwarded in the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file
O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages I and 2 with the registrar prior to burial, cremation.
or removal

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tam K Hi m 255 /_ K-50	TATE DEPARTME					13887
					Reg. Dist. No	. 1 .
PLACE OF DEATH	,	2. USUAL RESIDENCE (M	/here deceased	lived. If Institu	tian: Residence be	fore admission)
a. COUNTY	MARYLAND	MARY LAND		b. COUNT		
b. CITY OR TOWN (If outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16				MTGOMERY	
and give nearest town)	C. LENGTH OF STAT IN 10	c. CITY OR TOWN (IF	outside corpore	ote limits, write	KUKAL and give t	segrest lown)
OLNEY	2 HRS. 50 MI	GAITHERSB	URG			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tol, give street address)	d. STREET ADDRESS				e. IS RESIDENCE
Managara Conney Constant	Населен	11 0				YES NO IX
MONTGOMERY COUNTY GENERAL			L AVENU			
3. NAME OF First	Middle	Lost	4. DATE OF	Month	Day	Year
(Type or print)	ALLNUTT	JONES	DEATH	DECE	MBER 6	19 59
5. SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	9.	AGE (In years	IF UNDER TYEAR	IF UNDER 24 HRS.
Whouse	_	11/10/00		last birthday)	Months Days	Hours Min.
MALE MALLE		11/18/92		67 ym.		
10a. USUAL OCCUPATION (Give kind of work done 10b. KII during most of working life, even if retired)	ND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stote	or foreign coun	try)	12. CITIZEN O	F WHAT COUNTRY?
CLERK - MONTGOMERY Co.	ROAD DEPT.	MARYLAN	n		II.	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			1 00	
GEORGE DARBY JONES			LES ALL			
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 St. (Yes, no, or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO. 17. IN	FORMANT		Address		
121- War 1-Army		HOSPITAL RE	copos	01	NEY. MAR	YLAND
18. CAUSE OF DEATH [Enter only one couse per line fo	e (a), (b), and (c),]	HOUT THE INC	JUNDA			RVAL BETWEEN
PART I. DEATH WAS CAUSED BY:					ONS	ET AND DEATH
TO 6 CIMMEDIATE CAUSE (0)	Undetermin	led)	hrs.
173,0 DUE TO						
Conditions, if ony, which)						
gove rise to immediate cause						
(o), stoting the underlying DUE TO						
couse lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART 1(o) 1	9. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CON						PERFORMED?
D CO EVERNIA CAUSE WAS LOST						YES NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE	HOW INJURY OCCURRED. (En	nter noture of injury in Port	I or Port II of	tem 18.)		
CAUSE OF DEATH.						
3 20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City or	town)	(County)	(Stote)
Hour o. m. While at work	Not while focto	ry, street, office bldg., etc.)				
	ol work					
21. I certify that I took charge of the re	mains described above	re, held an Autapsy	/ [X], Insp	ection,	Inquiry [, and find that
death resulted from: Natural causes	, Accident T, Suic	ide . Homicide	☐. Unde	etermined c	guse 🗍.	
1 1						
ACTUAL ST. 10 /ich	1. 6					DATE SIGNED
SIGNATURE SHAND & Bron	nay	_M.D. CHIEF MEDICAL EX.	AMINER [, ,
(/		ASSISTANT MEDICA	L EXAMINER]	1	2/7/59
EXAMINER'S NAME (Type) FRANK J. BROSCHART	. M. D.	DEPUTY MEDICAL E	XAMINER X			
	2c. NAME OF CEMETERY OR	CREMATORY	22d IOCATIO	N (City, town, c	e county)	/State)
REMOVAL (Specify)	11 1		120. LOCATIO	DO A	la ja	(Stote)
Durie 17/9/39	Monococi	1	Deal	well	S /3	20

DATE DEC 1 0 '59

VS. A15ME(S) 5M 9/55

			AND THE REAL PROPERTY.
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	adison esign		
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	The state of the state of		
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		A THE BEST OF THE	
			the flat their his sales
	The state of		
CONTRACTOR OF THE LOCAL PROPERTY OF	THE SUPPLYINGS		And - Detail Land Township
			AND THE PERSON NAMED IN
			the second second
		son to the shadow of est of all	
		Section 15 march	
			AV TOWNS THE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 harms after death. Page 4 may be red by the haspital or attending physician.

TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs effec death.

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13934 CERTIFICATE OF DEATH

13888

	-500	7.5	<u> </u>				Re	eg. Dist. N	No.	
1. PLACE OF DEATH	4. Elizani			2.	USUAL RESIDENCE (WI	here deceased live		Residence be	efore odmiss	ion)
o. COUNTY MOI	ntgomery		MARYL	AND	o. STATE Maryla	nd	b. COUNTY	Montgo	mery	
b. CITY OR TOWN RURAL ond give	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (If	outside corporate l	imits, write RURA	L ond give	nearest town	1)
Bethesda	neorest town;		2 days	×	Bethesda 1),				
	PITAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				e. IS RES	FARM?
	ical Center.	Bet	hesda 1/1. M	da	7608 Newma	rket Dri	ve			NO 3
3. NAME OF	Fir		Middle		Last	4. DATE	Month		Doy	Yeor
(Type or print)	T.t.h	lvn	Rita		Kassel	DEATH DO	cember			19 50
5. SEX		Total Control	RIED NEVER MARRIED	B. D	ATE OF BIRTH	9. A	GE (In years IF)	UNDER 1 YE	AR IF UNDE	
Female	White	WIDOWE		_	ptember 19,	1906	st birthdoy) M.	onths Day	s Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b.		_				12. CITIZEN	OF WHAT C	OUNTRY
Libraria	orking life, even if retired		Library		Illinois			II.	S. A.	
13. FATHER'S NAME	•		<u> </u>	1	4. MOTHER'S MAIDEN			0.	5 11	
Sol Cohn					Theresa	Taiston				
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT The Med		and Address		3	
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	None		Clinical C				larylar	ha
	EATH [Enter only one co	use per lin		1 1110	OTTHICKT O	enter, D	eunesua		NTERVAL BE	
	EATH WAS CAUSED BY:		hepati	c com					NSET AND	DEATH
170 X	IMMEDIATE CAUSE (o)			cer of brea	et with			hour	0
					lungs, bone		Wan	= 1	3/2 1	1001
Conditions, if gove rise to	immediate (Me dan danc	2 00	Turgo, borre	, and II			0/2	fina
couse (o), stotin lying couse los								17.7		,
	THER SIGNIFICANT CON		CONTRIBUTING TO DEAT	TH RUT NO	T RELATED TO THE TERM	INAL DISEASE COL	NDITION GIVEN	IN PART 1(o	19. WAS	AUTOPSY
Ĕ							TOTAL OF LET	11417111111110	PERFO	RMED?
	trointestina VAS_UNDERLYING		CRIBE HOW INJURY OC				item IR)		ILS M	МОП
OR CONTRIBUTION	IG CAUSE OF DEATH Y MEDICAL EXAMINER)	200. 023	CRIDE HOW HOOK! OC	CONNED. (L	and notice of injury in		,,,,,,			
20c. TIME OF INJU Hour o. m p. m	10	While	NJURY OCCURRED 2 Not while at work	20e. PLACE foctory	OF INJURY (Home, form , street, office bldg., etc	n, 20f. (City or to	own)	(Count	ty)	(Stote)
21. I certify	21. I certify that I attended the deceased from December 8, 1959, to December 10, 1959 that I last saw the deceased									
alive an_De	cember 10	_,19	59, and that a	death ac	curred at 7:15a	M, fram the	causes and a	an the do	ate stated	abave
(H. T.	fa.				ADDRESS (Street,				E SIGNED
ACTUAL SIGNATURE	Jun f.	mu	a .	M.D	The Clin	ical Cen	ter	12	2-10	-5
PHYSICIAN'S NAME (Type)	JOHN L. LEW	IS J	R., M. D.		National	Institu 14. Mar	tes of H	Health	1	
220. BURIAL, CREMAT- REMOVAL (Specif	DEC. 11, 19	-401	22c. NAME OF CEMET BNAI IS			22d. LOCATION	(City, town, or co	ounty)	(Stot	
3. FUNERAL DIRECTO	R'S SIGNATURE	ONS	ADDRESS - 14	12 SI	r. N.W.	D BY REGISTRAR	24b. REGISTRA	AR'S SIGNA		
					DATE	EC 1 4 '59	LIAK4	D. 10		

VS A15 (4) 15M 9/5B

THE RESIDENCE OF THE PROPERTY Tourism - Anna and a company of the and the second s Therapa Sasted Inches Leadistraction and the variable of the Manufacture Manufa stee office - bridge cont. Maintable canner of breest William . Maintable . Maint biseste revil of out C - unlicold lastification

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be received by the haspital or attending physician. TO FUNER. RECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fifed with	the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/SS

1. PL/ o.	ACE OF DEATH COUNTY	ONTGOMERY		MARYLA			MARYLA		d lived. If instituti b. COUNTY				iion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING 5 days						A .	TOWN (IF o		rote limits, write R	URAL ond	give nec	arest fowr	1)
d.	NAME OF HOSPITA	700 Adams	orive	oddress)	/3	d. STREET A		Aven	ue				FARM?
DE	AME OF CEASED (pe or print)	Fin THOM		Middle WALTER	K	IRK	st	4. DATE OF DEATH	Decemb		18	•	Year 19 59
5. SEX	ALE	6. COLOR OR RACE WHITE	7. MARR	IED NEVER MARRIED		ATE OF BIRT 25/81	Н		9. AGE (In years lost birthdoy) 78 yrs.	Months 1	Days	Hours	ER 24 HRS. Min.
d	luring most of worki	N (Give kind of work on life, even if retired)		KIND OF BUSINESS OR	INDUSTRY		th Car				S.A		COUNTRY
13. FA	Henry C.				1.	Alic	MAIDEN N			E.g.	1		
15. W	AS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of st		SOCIAL SECURITY NO.	17. INFO		ha A.	Kirk,	Add 3112 Mc(Ave		
		H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which mediate	Ac Br	or for (o), (b), ond (c).] ute Heart onchopneu		lure a			Kensing	con,	Tw	FERVAL BE	eeks
CATION	PART II. OTH	er significant con Cerebro-	Vasc		iden	t				EN IN PA	RT 1(o) 1	9. WAS PERFO YES	DRMED2
	Oa. ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	inter noture (of injury in f	Port I or Por	I II of item 18.)				
MEDICAL	Oc. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While of wor	_ Not while	0e. PLACE factory	OF INJURY , street, offic	e bldg., etc.)			(County)		(Stote)
2	ACTUAL IGNATURE	ot lattended the oc 18	125		leath ac	_ 106	3:35	ADDRESS (S	n the causes of treet, city or town, and St. Marylar	and an store)	the da	te state	decease ed abave ATE SIGNE 1959
	BURIAL, CREMATION REMOVAL (Specify) BURIAL	12/21/59		22c. NAME OF CEMET			CEMET		TION (City, town, MONTGOME		UNT	(Stot	
23.4	DIERAL DIRECTOR'S	PUMPHREY.	INC.	ADDRESS SILVER S	PRING	, MD.	24a. REC'I	BY REGIST	9 24b. REGI	STRAR'S SI			

MALEYLAND STATE DEPARTMENT OF HEALTH-LATTIMORE 18

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13936

CERTIFICATE OF DEATH

Reg. Dist. No. 13890

1.	a. COUNTY	Montgome	ry	MARYLAND	2. USUAL RESIDENCE (W a. STATE		institution: Re OUNTY	sidence befa	re admissian)
	b. CITY OR TOWN (If RURAL and give nea		, write c. LENC	GTH OF STAY IN 16		outside carporate limits,	write RURAL	and give nec	orest tawn)
1	Germanto		un	known	Washington	n, D. C.	47	X-3	
	d. NAME OF HOSPITA		ve street address)		d. STREET ADDRESS		00		e. IS RESIDENCE
M	ary Lander	Nursing	Home		1882 Colu	mbia Rd.	N. W.	-	ON A FARM? YES NO
3.	NAME OF DECEASED (Type ar print)	First Em		Middle B.	Kistler	4. DATE OF DEATH DEC	Manth ember	2	Year 19 59
5.	female	6. COLOR OR RACE	7. MARRIED N	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (I	n years IFUN thday) Man		IF UNDER 24 HRS. Haurs Min.
10		WILLO			JSTRY 11. BIRTHPLACE (State			CITIZENIOS	WHAT COUNTRY?
	Retired	g life even if retired)	overnme	nt	Maryla	/ 4//		USA	WHATCOUNTER
13	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		1.0	
	Henry C.	Bowen			Julia Cl	hilds			
	. WAS DECEASED EVER			SECURITY NO.	INFORMANT	THE PARTY	Address		
7	es, no, or unknown) (If	yes, give war or dates of sen	none		James B. St	raughn -	Laure]	. Ma	rvland
7	18. CAUSE OF DEAT	H [Enter anly ane cau	se per line far (a)	, (b), and (c).]	1. 1	1		INT	ERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	Tatinias	alvertic ca	Mirarellus	n chie	n.I	78	years.
	11221	DUE TO	- W - W - S- C - S	20 03 570 65		00-00			1
	Canditians, if any								
	gave rise ta im	mediate (D)							
	cause (a), stating th	e under-							
-	lying cause last.) (c)_							
CATION	PART II. OTHE	r significant cond	ITIONS CONTRIBE	JTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONDIT	ION GIVEN IN	PART 1(a) 1	9. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH	Ob. DESCRIBE HO	W INJURY OCCURR	ED. (Enter nature of injury in	Part I or Port II af item	18.}		
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year		t while fo	LACE OF INJURY (Hame, farractary, street, affice bldg., etc.			(Caunty)	(State)
	21. I certify tha	t I attended the	deceased fran	There I	1959 to N	ec. 3.	1959 that	I last say	v the deceased
	alive on Hou	29	10 59		h accurred at 7: 00A				
	dive divergo	7		, and mar dear.	. A	ADDRESS (Street, city)		me dure	DATE SIGNED
	ACTUAL	10. W. K	AND		1/2	· hal			
	SIGNATURE	man h. Ic	200		M.D. Lumas	Kuz, Ir ka			
	PHYSICIAN'S JE	mes P. K	err						
22	a. BURIAL, CREMATION REMOVAL (Specify)	1- 1-1		AME OF CEMETERY		22d. LOCATION (City			(State)
-	cremation		Ft				Georg	es Co	unty, Md
23	FUNERAL DIRECTOR'S			DRESS		D BY REGISTRAR 24	b. REGISTRAR	S SIGNATU	KE .
	The S. H.	nines Co	. was	hington,	D. C. DATE	חבר 2 ובח	C	04	

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CERTIFICATE OF DEATH

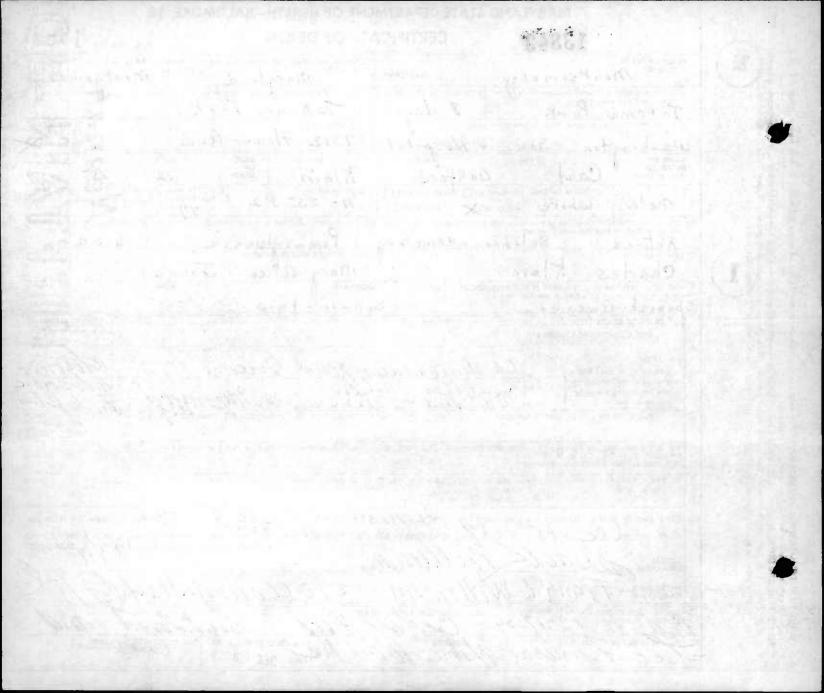
13891

10036	Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
Mont gometry MARYLAND	maryland montgomery
b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 1b RURAL, and give nearest tayn)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Takoma Park & days.	11 Takoma Park.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	1 d. STREET ADDRESS . e. IS RESIDENCE ON A FARM?
3. NAME OF First Middle	Last 4. DATE Manth Day Year
Oakford Can Cakford	Last 4. DATE Manth Day Year OF DEATH 12 15 1959
5. SEX 6. COLOR OR RACE White Widowed Dr DIVORCED	8. DATE OF 8IRTH 11 - 25 - 82 9. AGE (In years last birthday) Manths Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during mast of warking life, even if retired)	
Retired Salesman . Cemetery	Legusylvania u.s.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Klein.	Mary alice dones.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [Yes, no, or unknown]. (If yes, give wor or dates of service)	INFORMANT Address
	Son-In-law.
18. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	
260 X DUE TO	1 K Office Who
Canditians, if any, which) (b) Carello Varally	er renat sueare mione
gave rise to immediate cause (a), stating the under-	ler Kind Direase Chronic
lying cause last.	Thromboro limeardial and 6 up.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8U	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
THE STATE OF THE S	PERFORMED?
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in Part I ar Part II af item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Pl Haur a. m. p. m. 19 While Nat while of wark at wark	actary, street, affice bldg., etc.)
D.	26/2028 0100 1 2059
21. I certify that I attended the deceased from.	19. 19. 1 ta deceased that I last saw the deceased
alive on of that death	h accurred at 2:15 M, fram the causes and an the date stated above
- Should milling	ADDRESS (Street, city or town, state)
SIGNATURE AND RELIEVE TO COMMENT	M.D
PHYSICIAN'S Frank C. Williman	2731 Com dal Vash (8) A
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, Jawn or county) [State]
REMOVAL (Specify) 12-17-34 Clillan	Hill Suitland Mill
23 FUNERAL DIRECTOR'S BUSINATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNAPURE
Ill Tuneral Home We	DATE DEC 1 8 '59

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs right death. Page 4 may be retain by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremotian, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Caroner ratified & approved the arnold signing congrate

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DING PHYSICIAN: The law requires that the death certificate be executed within 24 haury fier death. Page	hospital or ottending physician.	After this certificate hos been signed by the attending physicion and completely filled in 157 the funeral direct	hed far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filied w
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VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Rea	Dist	No	21	5

13893

OR ACCIDENT IS CAUSE OF DEATH [Enter only one cours per line for (c), (b), and (c).] To Canditions, if any, which gave rite to immediate course (c), soling the under ADUSE (c) Local Accident (course (c)), soling the under Aduse (c) Canditions, if any, which gave rite to immediate Course (course (c)), soling the under ADUSE (c) Conditions, if any, which gave rite to immediate Course (course (c)), soling the under Course (course (c)), soling the United Course (course (c)), soling the United Course (course (c)), soling	L	12	020	CERTIFIC	AIL OI DLA		Reg. Dis	it. No. 215
RUPAL ord give norted Paym) Bethesda (Rupal) d. NAME OF HOSPITIAL (If not in hospital), give street oddress) G. SETTION d. STREET ADDRESS G. SETTION J. STREET ADDRESS G. STREET ADDRESS	1.	a. COUNTY	201	MARYLAND				ce before admission)
d. NAME OF HOSPITAL (If not in hospiel, give treel address) OR INSTITUTION U.S. NAVA HOSPITAL, Bethesda Md. 2500 Wisconsin Ave. 10 NAME OF HOSPITAL (If not in hospiel), give treel address) OR NASTULION U.S. NAVA HOSPITAL, Bethesda Md. 2500 Wisconsin Ave. 10 NAME OF HOSPITAL (If not in hospiel), give treel address of the property of the propert		RURAL and give nearest town)			The second second second		mits, write RURAL and g	give nearest tawn)
OR NAME OF DECAMBED ILWIS Middle Laji Modified Laji December Laji December Laji	-			V	+		41X	e. IS RESIDENCE
S. SEX S. COLOR OR RACE 7. MARRIED 20 NEVER MARRIED 10-7-11 9. AGE (in year) 10-10-10-11-14-14-15-10-11-14-15-15-15-15-15-15-15-15-15-15-15-15-15-		U.S. Naval Hosp	ital, Be	thesda Md.				ON A FARM? YES NO 3
Male White Widows Divorced 10-7-11 Ust Doys Doys Hours Doys Doys	3.	DECEASED				4. DATE OF DEATH	**	
10. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) U.S. Mavy U.S. GOVERNMENT 12. CITIZEN OF WHAT U.S. GOVERNMENT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME I SADELLA BRAZEALE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT VES 1930-1953 527-46-3487 (Wife) Virginia B. Knight Same as #2 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of DEATH (b) INFORMANT DUE TO Conditions, if any, which gove rise to immediate couse (a), stoling the under lying couse last. (c) IVING COUSE (a), stoling the under lying couse last. (c) SPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PART 1 (a) 19. WAS PART 1 (b) 19. WAS PART 1 (c) 19. WA	5.	SEX 6. COLOR C	R RACE 7. MA	RRIED A NEVER MARRIED	B. DATE OF BIRTH	9. AC		1 YEAR IF UNDER 24 HRS.
during most of working life, even if retired) U.S. GOVENMENT 14. MOTHER'S MAIDEN NAME LOW L. KNIGHT S. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate course (a), stoling the under lying course last. OC A. MOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PASS TO COURSE IN THE WORLD WHILE WAS CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 20. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While I work of work o		Male White	e wido	WED DIVORCED	10-7-11	10:	-8 yrs. Manths	Days Haurs Min.
Isabella BRAZEALE	10	during mast af warking life, even	af work dane 10 if retired)					ZEN OF WHAT COUNTRY?
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If you do not withboom) (If you do not you do not you do not withboom) (If you do not you you do not you	13	. FATHER'S NAME			14. MOTHER'S MAID	EN NAME		
Same as #2 1930-1953 527-46-3487 Wife Virginia B. Knight Same as #2 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accuse and pulser by the under lying couse last. Due to Conditions, if any, which gave rise to immediate couse (c), staling the under lying couse last. Conditions Contributions Contr		LOW L. KNIGHT			Isabella	BRAZEALE		
IB. CAUSE OF DEATH Enter anly one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under: Uning cause last. (c) Laboralus Laboralu	1	es, no, or unknown) (If yes, give wor o	r dates of service)			nia B. Knig		ıs #2
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark 19 20d. INJURY OCCURRED While at wark 19 20d. INJURY OCCURRED While at wark 20d. Inverted at 3.259 Am, from the couses ond on the dote stote address (Street, city or town, state) ACTUAL SIGNATURE ADDRESS (Street, city or town, state) PHYSICIAN'S NAME (Type) V.N. HOUK LT MC USN U.S. Naval Hospital, NNMC, Bethesda 10 20d. INJURY OCCURRED While at wark 20d. INJURY (Hame, farm, 20d. (City ar town) ACTUAL SIGNATURE ADDRESS (Street, city or town, state) PHYSICIAN'S NAWAL Hospital, NNMC, Bethesda 10 20d. INJURY OCCURRED While at wark 20d. INJURY (Hame, farm, 20d. (City ar town) ACTUAL SIGNATURE ADDRESS (Street, city or town, state) PHYSICIAN'S NAWAL Hospital, NNMC, Bethesda 10 20d. INJURY OCCURRED While at wark 20d. INJURY (Hame, farm, 20d. (City ar town) ACTUAL SIGNATURE ADDRESS 20d. PLACE OF INJURY (Hame, farm, 20d. (City ar town) ACTUAL SIGNATURE ADDRESS 20d. PLACE OF INJURY (Hame, farm, 20d. (City ar town) ACTUAL SIGNATURE ADDRESS 20d. PLACE OF INJURY (Hame, farm, 20d. (City ar town) ACTUAL SIGNATURE ADDRESS 20d. PLACE OF INJURY (Hame, farm, 20d. (City ar town) ACTUAL SIGNATURE 20d. PLACE OF INJURY (Hame, farm, 20d. (City ar town) ACTUAL SIGNATURE 20d. PLACE OF INJURY (Hame, farm, 20d. (City ar town) ACTUAL SIGNATURE 20d. PLACE OF INJURY (Hame, farm, 20d. (City ar town) ACTUAL SIGNATURE 20d. PLACE OF INJURY (Hame, farm, 20d. (City ar town) ACTUAL SIGNATURE 20d. PLACE OF INJURY (Hame, farm, 20d. (City area) 20d. (City area	7	Canditians, if any, which gave rise to immediate cause (a), staling the under-lying cause last.	DUE TO (b) DUE TO (c)	ulmonary en lexaloris	monde nyshyserus bromboge	, and h	orched in oma	6 months
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark at war	CATIO	162.1	INT CONDITION	CONTRIBUTING TO DEATH BE	T NOT RECATED TO THE T	ERMINAL DISEASE CON	ADMON GIVEN IN PAK	PERFORMED? YES X NO
21. I certify that I attended the deceased from 29 November, 1959, to 1 December, 1959 hat I lost sow the alive on 1 December, 1959, and that death occurred at 3:59AM, from the causes and on the date state ADDRESS (Street, city or tawn, state) ACTUAL SIGNATURE M.D. U.S. Naval Hospital, Bethesda Md. 12 PHYSICIAN'S NAME (Type) V.N. HOUK LT MC USN U.S. Naval Hospital, NNMC, Bethesda I 220. NAME OF CEMETERY OR CREMATORY BUTIAL CEMATION, 22b. DATE THEREOF Oaklawn cemetery PHODERSON (City, town, or county) Oaklawn cemetery ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			DEATH	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature af injur	y in Part I ar Part II af	item 18.)	
alive on 1 December , 19 59 and that death occurred at 3:59Am, from the couses and on the date state ADDRESS (Street, city or town, state) DA ACTUAL SIGNATURE W.N. HOUK LT MC USN U.S. Naval Hospital, NNMC, Bethesda Md. 1 PHYSICIAN'S NAME (Type) V.N. HOUK LT MC USN U.S. Naval Hospital, NNMC, Bethesda I 220. BURIAL CREMATION, 22b. DATE THEREOF RUMPHYSICIAN'S NAME OF CEMETERY OR CREMATORY BUT 121 222. FUNERAY DIRECTOR'S SCHAPURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	MEDICAL	20c. TIME OF INJURY Manth, I Hour a.m. p.m.	Whi	le Nat while fark at wark	actary, street, affice bldg	., etc.)		
PHYSICIAN'S V.N. HOUK LT MC USN U.S. Naval Hospital, NNMC, Bethesda I 220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 230. BURIAL (Specify) Oaklawn cemetery Doklawn cemetery ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		alive onl December	led the dece	2000 110111	h occurred at 3:5	ADDRESS (Street,	couses ond on the	dote stoted obove. DATE SIGNED
BUTIAL DORLL Specify Oaklawn cemetery Hendersonville North Car 23. PUNERAY DIRECTOR'S SCHATULE ADDRESS 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE		PHYSICIAN'S TO NO LIC	OUK LT M	C USN	U.S. Nav	val Hospita	1, NNMC,Bet	hesda Md.
23. PUNERAL DIRECTOR'S SONATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	22	REMOVAL (Specify)						(State)
	23	PUNERAY DIRECTOR'S SIGNATURE	C	ADDRESS	24a.	REC'D BY REGISTRAR	24b. REGISTRAR'S SIC	GNATURE

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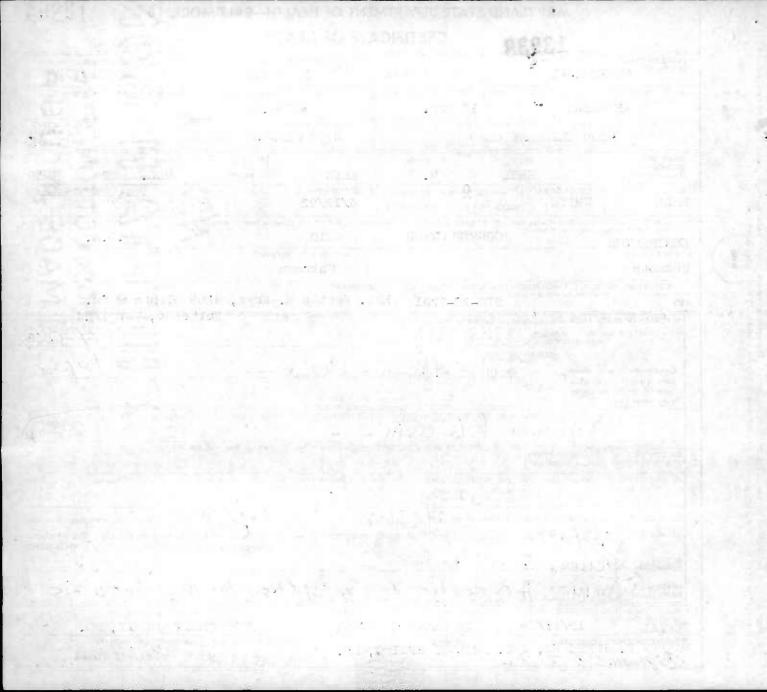
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3938	CERTIFICATE	OF	DEAT
1744			

	13.433	921111119			Reg. I	Dist. No.
o. COUNTY MO	NTGOMERY	MARYLAND	2. USUAL RESIDENCE (VO. STATE MARY		distribution of the second	lence before odmission) MONTGOMERY
b. CITY OR TOWN RURAL ond give BE	(If outside corporate limits, write nearest town) THESDA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	f outside corporate lin	nits, write RURAL on	d give nearest town)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospitol, give stree 4209 GLENROSE R	t oddress) OAD	d. STREET ADDRESS 4209 . GLE	NROSE ROAL)	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First EMIL	Middle	Last KRYZ	4. DATE OF DEATH	Month DEC.	Day Year 8 19 59
5. SEX MALE	LANTER	RRIED T NEVER MARRIED DIVORCED	8. DATE OF BIRTH 6/12/92		birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS s Days Hours Min.
10a. USUAL OCCUPAT during most of we CONTRACTO	TION (Give kind of work done locking life, even if retired)	ONSTRUCTION	OHIO	te or fareign country)	and the second	TITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN Unknown		L Ton	
15. WAS DECEASED EN [Yes, no, or unknown)	i (If yes, give wor or dates of service)	5. SOCIAL SECURITY NO. 78-28-7201 M	rs. Bertha H.			se Rd.
Conditions, if gove rise to couse (o), stotin lying couse los:	g the under-	nemia -	- Vera	MINAL DISPASE CON	DITION GIVEN IN P	ONSET AND DEATH I WAS AUTOPSY APT 1(a) 129 WAS AUTOPSY
20g. ACCIDENT V	acceptan	111 000	-			PERFORMED? YES NO
20c. TIME OF INJU Hour o. m p. m	URY Month, Doy, Year 20d. Whil		PLACE OF INJURY (Home, for octory, street, office bldg., e	erm, 20f. (City or tovetc.)	~n)	(County) (State
21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that attended the deceded 2/8/19, 19 Cerus G. C.		_M.D	M, from the ADDRESS (Street, c	auses and on t	last saw the deceased the date stated above DATE SIGNEE
220. BURIAL, CREMAT REMOVAL (Specif BURIAL		22c. NAME OF CEMETERY PARKLAWN CE			City, town, or county AERY COUNT	
23 EUNERAL DIRECTO	PUMPHREY INC.	SILVER SPRIN	C MID	C'D 8Y REGISTRAR	24b. REGISTRAR'S	SIGNATURE 7 S. KLAUS

TO HOSPITAL CHATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs piper death. Page 4 may be retain by the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/58



4	\vdash	20013	Keg. Di	31. 110.
1	1.	PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resider o. STATE b. COUNTY	nce before admission)
		b. CITY OR TOWN (If outside dorporate limits, write RURAL and give nearest lows)	c. CITY OR TOWN (If-owtside carporate limits, write RURAL and	give rearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
5	Y	Vashing on Sanitaviuma Hospit	16 Wessex Rd.	ON A FARM? YES NO
		NAME OF DECEASED (Type or print) First Middle (V) (V) (V)	Lost OF DEATH Month	Day Year 1959
	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years less birth doy) Months yes.	Days Hours Min.
	100	a. USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDI- during most of working life, eyen if retired)		IZEN OF WHAT COUNTRY?
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.) 4
)	15.	. WAS DECEASED EVER INTU. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address	Chown Fam.
		es, no, brunknown) If (gs) give wer or dates of service)	Hospital Records	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) M WAS CAUDED ATTERIOR (b), and (c).]	1 Infanction	ONSET AND DEATH
		420.1 DUE TO 0	the our book	-0
		Canditians, if any, which gave rise to immediate cause (a), stating the under-	or our old ry	1 days
		lying cause last. (c)	The second secon	
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
	CERTIFI	200 ACCIDENT WAS LINDEDIVING TO 201 DESCRIPE HOW INTERVOCCIOR	ED. (Enter nature of injury in Part I or Part II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while of wark of wark of wark	PLACE OF INJURY (Home, form, 20f. (City or town) (coctory, street, affice bldg., etc.)	County) (State)
		21. I certify that I attended the deceased from	1.1241	ist saw the deceased
		actual Ac	h accurred at 10.1911 M, from the causes and an the	DATE SIGNED
1		SIGNATURE	M.D. 776/ Carroff 700	12-1-57
	-	PHYSICIAN'S NAME (Type)	Takomatays 12My	·
	0	ABURIAL, CREMATION, 22b. DATE THEREOF 959 TOW RUNCH	or crematory 22d. Decation (City, town, or county)	· Male
,	23,	FUNERAL PRECIOR'S SUCH TURE 254 CARROLL ST	-N-W- DATE DEC 9 159 Cuthun 8.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL EXECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hars after death.

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VS A1S (4) 1SM 9/SB

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Page		directo	ted w	-
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4		CTOR: After this certificate has been signed by the attending physician and campletely filled in the fe funeral director,	detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fifed with	1
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N: Th	ding	ate h	e buri	ir rem
SICIA	atten	ertific	as th	lian, c
G PHY	by the haspital ar attending physician.	r this	ar use	ta burial, crematian, ar remaval, and in any event within 72 haurs after death.
NDIN	e hasp	: After	ched f	urial,
ATTE	by the	TOR	deta	ta be

~0003					Keg. Dist.	NO.	
1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Virginia	ere deceased live	b. COUNTY	n: Residence b	pefare admission)	/
 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carporate	limits, write Rt	JRAL and give	nearest tawn)	
Bethesda	89 days	Arlington		83	x - 3		
d. NAME OF HOSPITAL (If not in hospital, give street of or Institution The Clinical Center. Bet		d. STREET ADDRESS	013 01			e. IS RESIDEN	RM?
		5912 North	9th Str				7
3. NAME OF First DECEASED (Type or print) EVE	Middle (None)	Laiken	4. DATE OF DEATH	Decem		Pay Year	
S. SEX 6. COLOR OR RACE 7. MARRI	EDE NEVER MARRIED	B. DATE OF BIRTH	9. A	GE (In years	IF UNDER 1 YE	AR IF UNDER 24	
Female White WIDOWE	D DIVORCED	July 4, 1904		st birthday) 55 yrs.	Months Day	ys Haurs /	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	kind of business or indu Ione	STRY 11. BIRTHPLACE (State of New York	or foreign country	у)	12. CITIZEN	OF WHAT COU	NTRY
13. FATHER'S NAME	10116	14. MOTHER'S MAIDEN N	AMF		l Ua	D. A.	
David Feldman		Lena Goodma					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	29-114-8741		lical Re			Jarvland	
Canditions, if any, which gave rise to immediate cause (a), stating the under-	opericardium di diac decompen	sation		lcer		weeks	
PART II. OTHER SIGNIFICANT CONDITIONS C					EN IN PART 1(c	19. WAS AUTO PERFORME YES NO	ED?
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II a	f item 1B.)			
A Haur a.m. While		ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.		awn)	(Caur	nty) ((State)
21. I certify that I attended the decease alive an December 28 195 ACTUAL SIGNATURE OF LAURENCE E. EARLY	2, and that death	M.D. The Clinica National Ir	M, from the ADDRESS (Street, al Centersstitute	causes and city or town,	d an the destate) December	ate stated at	bave
220. BURIAL, CREMATION, 22b. DATE THEREOF BEMOVAL (Specify) 12/31-1959	22c. NAME OF CEMETERY O	Rethasds 11 RCREMATORY Talk	22d. LOCATION		essel	(State)	-
23. FUNERAL DIRECTOR'S SIGNATURE A	end Home 4217	9 St MW Pla. REC'D	BY REGISTRAR		TRAR'S SIGNA		

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may be retain

VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE
WARNER E. PUMPHREY
RAYMOND U. Junka

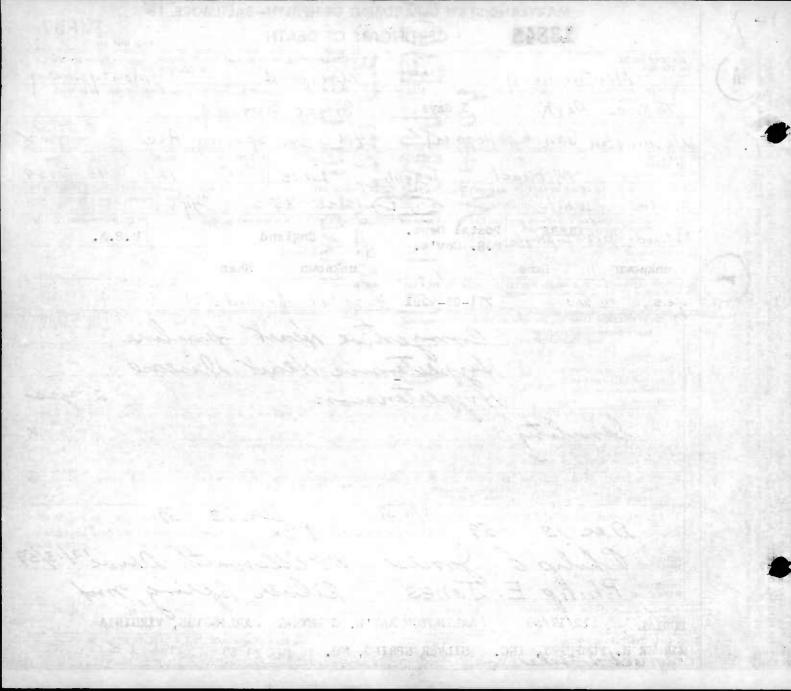
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- Linea	M)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13845 **CERTIFICATE OF DEATH**

3897 Reg. Dist. No.

	o. COUNTY Montgomery MARYLAND	o. STATE Mary land b. COUNTY Montgomery
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Takoma Park 3 days	56Silver Spring
5	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington San. and Hospital	411 Silver Spring Ave e. IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED (Type or print) Michael Joseph	Last 4. DATE Month Day Year OF DEATH 12 13 1959
16	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost birthdoy) Months Days Hours Min.
	Male White WIDOWED DIVORCED	12-5-85 lost birthdoy) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life was review) Netired - Gove Employee U.S. Govet	England U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
)	unknown Lane	unknown Shea
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, of unknown) We S (If yes, give wor or dates of service) 271-05-9201 H	tospital Records.
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES NO.
	Hour o. m. p. m. 19 While Not while of work of work of work	LACE OF INJURY (Home, form, close) 20f. (City or town) (County) (Stotistics) 20f. (City or town) (County)
	PHYSICIAN'S Philip E. Jones PHYSICIAN'S Philip E. Jones	h accurred at 2.13 AM, fram the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNS M.D. 918 Cllowath Drive 3/3/3 Solver Spring 2004 DR CREMATORY 22d. LOCATION (City, towner county) (Stote)
	and the second of Contract of	T'L. CEMETERY ARLINGTON, VIRGINIA 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	WARNER E. PUMPHREY, INC. SILVER SPRIN	



VS A1S (4) 1SM 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13940 CERTIFICATE OF DEATH

13898 Reg. Dist. No. 215

				-								
1. PLACE OF DEATH o. COUNTY Montgomer	у		MARYL	AND	2. USUAL RESI	DENCE (Wh	nere deceosed	lived. If instituti b. COUNTY	on: Reside	ence befo	re odmiss	ion)
b. CITY OR TOWN (IF RURAL ond give nec Bethesda	grest town)	ts, write	c. LENGTH OF STAY II	V 1Ь	c. CITY OR			ote limits, write R	URAL ond	give ned	rest town)
d. NAME OF HOSPITA OR INSTITUTION			address)		d. STREET A	DDRESS	Avenue	North	7-0			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fir Joh	st	Middle (n)		Los	it	4. DATE OF DEATH	Decemb		30	•	Year 1959
s. sex			RIED NEVER MARRIED		5-12-0			9. AGE (In years lost birthday) 52 yrs.	IF UNDE Months	R 1 YEAR		R 24 HRS. Min.
100. USUAL OCCUPATION during most of worki U.S. Navy 13. FATHER'S NAME		dane 10b.		INDUS	RY 11. BIRTHPI	ACE (State	lvania			TIZEN OF	WHATC	OUNTRY?
John TAW						y BRAI	NNAN					
1S. WAS DECEASED EVER (Yes, no, or unknown) Yes (I	IN U. S. ARMED FOR f yes, give war or dates of s	CES? 16. ervice)	SOCIAL SECURITY NO.		formant fe) Mrs	. Hele	en A L	aw Sam	ress e as	#2		
Conditions, if on gave rise to im couse (o), stoting the lying cause lost. Part II. OTH	he <u>under-</u> DUE TO)	CONTRIBUTING TO DEAT	LL£	TILL I	THE TERMI	INAL DISEASE	CONDITION GIV	O VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY PRMED?
THE EITHER, NOTIFY A			CRIBE HOW INJURY OC	CURRED	. (Enter noture c	of injury in I	Part I or Port	II of item 1B.)				
20c. TIME OF INJURY Haur o. m. p. m.	Manth, Doy, Yes	While of wor	Nat while		CE OF INJURY (ory, street, office			or tawn)		(County)		(Stote)
actual SIGNATURE	of I attended the December Our ha	12_	Leur	death	accurred at	6:50P Naval	M, from the ADDRESS (Str. Hospi	ber 1959 he causes arect, city or lown, tal, Bet	d on the state)	ne date	stated DAT	abave. E SIGNED
200. BURIAL, CREMATION REMOVAL (Specify)	1, 22b. DATE THEREO	OF B	Peacedale		CREMATORY		22d. LOCATI	ON (City, town, and Fall	or caunty)		(Stote	
23. EUNERAL DIRECTOR'S		t/N.	ADDRESS E. Washingt	on,	D.C.	240. REC'DATE JA	D BY REGISTE		STRAR'S S			

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E. B. W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS. A15ME(S) 5M 9/55

13899 Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission), c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO X Day Year 19 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO V (County) (State) Inquiry A, and find that Undetermined cause DATE SIGNED 22d. LOCATION (City, lawn, or county) (State) 24b. REGISTRAR'S SIGNATURE arthur S. Through

CERTIFICATE OF DEATH	PERMANER'S
	St. S. St. St. & Archall William Court / Section Application
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

13900

18		13941 CERTIF	ICATE OF DEA	П	Reg. Dist. No.	
5	1.	PLACE OF DEATH O. COUNTY MARYLA	ND O. STATE		b. COUNTY	
	\vdash	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN		y Land	MONTGOMET mits, write RURAL and give nearest town	
		RURAL and give nearest town)	NA		mins, write KOKAE did give nedies fown	'
	-	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRES	hesda	e, IS RES	IDENICE
X		OR INSTITUTION	/		ON A	FARM?
		5006 Hampden Lane		6 Hampder	1 Dane	NO 🔽
		NAME OF First Middle DECEASED	Last	4. DATE OF	Month Day	Year
	-	(Type or print) Margaret M	Lehman	DEATH		19 59
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. A0	GE (In years IF UNDER 1 YEAR IF UNDER 1 Days Hours	R 24 HRS.
		Female White WIDOWED DIVORCED		1868 9	// yrs. // 6	
	10a	. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (S	state ar fareign country	12. CITIZEN OF WHAT C	OUNTRY?
		Housewife Own Home	Was	hington I	D. C. U.S.	
	13.	FATHER'S NAME	14. MOTHER'S MAID	EN NAME		N.U.
		Michael O'Connor	Ellen	Myers		
1	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT		Address	
(1	1,2	No No No None	Marie L. Ke	alv-daugh	nter-same as 2d	
1	P	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]			INTERVAL BE	TWEEN
,	1	PART I. DEATH WAS CAUSED BY:	Onestanleles	1 - noun	CINCLE ONSET AND	DEATH
		IMMEDIATE CAUSE (6)	7 7 2011 20000	6 , 6		0
1/		Conditions if you which	t His		7 ma	net
		gove rise to immediate	100			
		couse (o), stating the under-	il ante	mulen	YEA	LKY
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAR	BUT NOT RELATED TO THE T	ERMINAL DISEASE CON	DITION GIVEN IN PART 1(6) 19. WAS	AUTOPSY
1	CATION				PERFO	RMED?
0	FIC	20g. ACCIDENT WAS LINDERLYING 19 20b. DESCRIBE HOW INJURY OCC	TIRRED. (Enter-noture of injur	v in Part I or Part II of		110 🗀
	CERTIFI	206. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CAUSE OF DEATH OF CONTRIBUTING TO CONTRIBUTION TO C	to pick up a	string &	fell - taken to d 10 pm that nite	
	CAL	*	De. PLACE OF INJURY (Hame,	dis .	<u> </u>	(Stote)
, ,	MEDIC	Hapr XXX	foctory, street, office bldg. Her Home	Bethes		vlan
15	×	6 p.m. May 29 19 5 9 of work at work	ner nome	d an		U
		21. I certify that I attended the deceased fram.			, 1959, that I last saw the d	eceasec
	15	alive on fee 6, 1952, and that d	eath accurred at_8_		causes and an the date stated	
			c., 0	ADDRESS (Street,	city or fown, state) DAT	E SIGNED
1		ACTUAL SIGNATURE C C MINAR	M.D. 50/6 X	1 emelin	Sething por 1-	4813
		PHYSICIAN'S -	007.5.07	. 0	D1 D11	3.6
		NAME (Type) Leo I. Donovan, M.D.	8016 01	d George	cown Rd. Bethesd	a M
	220	P. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETI	ERY OR CREMATORY	22d. LOCATION	(City, town, or county) (Stote	e)
		Burial 12/10/59 Mt. Oliv	et Cemetery		ington, D. C.	
	23.	EUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey Bethesda, N	faryland 240.	REC'D BY REGISTRAR	246. REGISTRAR'S SIGNATURE	
		Tional and a complited a procession of the	DATE	DEC 1 0 '59	arthur S. Krous	

VS A15 (4) 15M 9/58

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285 no 220 no			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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13949	CERTIFIC	AIE OF DEATH	Reg. Dis	st. No.
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceded a. STATE New York	sed lived. If institution: Resident b. COUNTY	ce befare admission)
b. CITY OR TOWN (If autside carporate limits, wri RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside car	porate limits, write RURAL and g	give nearest tawn)
Bethesda	21 days	New York C	ity (Brooklyn)
d. NAME OF HOSPITAL (If not in haspital, give str OR INSTITUTION	reet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	ethesda 14, Md.	903 Avenue		
DECEASED	Middle	Lost 4. DATI		Day Year
riiciaei	Allen	Lorowitz DEA	December	8 19 59 1 YEAR IF UNDER 24 HRS.
	ARRIED NEVER MARRIED DIVORCED DIVORCED	15 May 1956	I I I I I I I I	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane during most af working life, even if retired)	10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or fareign	country) 12.CITI	ZEN OF WHAT COUNTRY?
Child	None	New Y or	K	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Herman Z. Lorowitz		Estelle Kra		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT The Medical The Clinical Cente	Record Address	Marvland
IB. CAUSE OF DEATH [Enter only one cause pe		110 022112002 001100	2 3 500110000 2249	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Massive gastro -	intestinal hemor	rhage	ONSET AND DEATH
2043 DUE TO		201000000000000000000000000000000000000	50	a days
Canditians, if any, which) (b)	Acute lymphocyti	ic leukemia		15 months
gave rise to immediate				
cause (a), stating the under- lying cause last. (c)				
	NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITION PART II. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Part I ar I	Part II of item 18.)	
Haur a.m. W	d. INJURY OCCURRED 20e. Pi hile Nat while fo	LACE OF INJURY (Hame, farm, 20f. (Cactary, street, affice bldg., etc.)	City ar tawn) (C	Caunty) (State)
21. I certify that I attended the dece	eased fram November	17, 19 59, to Decemb	er 8 19 59hat I la	st saw the deceased
		h accurred at 6:00PM, fra		
	1.4		(Street, city ar tawn, state)	DATE SIGNED
SIGNATURE CACULOS &	Menul	M.D. The Clinical	Center	12/8/59
			itutes of Healt	h
PHYSICIAN'S Charles E. Mens	gel M.D.	Bethesda 14.	Marvland	-
220. BORIAL, CREMATION, 22b. DATE THEREOF	22- TAME OF CEMETERY C		PATION (City, town or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REG		SNATURE
Goldberg Frence	raf Homeel	JUSY DEC 1	1 '59 arthur	S. Krays

TO HOSPITAL 9 TO FUNERAL D VS A1S (4) 1SM 9/SB

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VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Red. Dist. N 3902

1, UVJ4

								teg. Dist. I	40:
1. PLACE OF DEATH	1 20040				USUAL RESIDENCE (WHO. STATE	here deceose	d lived. If institution: b. COUNTY	Residence b	efore admission)
	Montgomery		MARYLAN	ID	Marvl	and	5. 6001111	Mont	gomery
b. CITY OR TOW	N (If outside corporate limite nearest town)	ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF o	autside corpo	orate limits, write RUR	AL and give	nearest town)
Ken	sington		13 year	SX	Kensi	ingto	n		
d. NAME OF HO	SPITAL (If not in hospitol, g	ive street	oddress)	1	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
953	3 East Bexl	nill	Drive		9533	East	Bexhill	Driv	
3. NAME OF DECEASED (Type or print)	Fir MINN]		Middle P	I	Lost LOWER	4. DATE OF DEATH	Manth Decem	ber	Day Year 10 19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	7 B. D	ATE OF BIRTH		9. AGE (In years IF	UNDER 1 YE	AR IF UNDER 24 HRS
Female	White	WIDOW		_	5/5/1871		last birthday) A	Months De	ys Haurs Min.
IOa. USUAL OCCUPA	ATION (Give kind of work	one 10b.	KIND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLACE (Stote	or foreign c		12. CITIZEN	OF WHAT COUNTRY
Housew:	warking life, even it retired		Own Home		Kans			U.	S.
13. FATHER'S NAME				14	4. MOTHER'S MAIDEN N	MAME			
Cha	rles Potter	2			Lavini	La Ha	rtley		
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFO	RMANT		Address	5	
No	(If yes, give war or dates of s	5	11-12-9186-	-A	Mrs. L. B	B. Cr.	abbs-dau	ghter	-same 2d
18. CAUSE OF	DEATH [Enter only one co	use per li	ne for (a), (b), and (c).]						NTERVAL BETWEEN
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o		Cereta	.6	The				NSET AND DEATH
332X	DUE TO								10-11-0000
Canditians, i	fany, which) (b		(set	1	· Co m				10 1000
	immediate (a de il e					10.
lying cause la	ing the under-				0.00				
PART II.	OTHER SIGNIFICANT CON		CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIVEN	I IN PART 1(c	19. WAS AUTOPSY
PART II.									PERFORMED? YES NO X
	WAS UNDERLYING ING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury in I	Port I or Par	t II of item 1B.)		
		I	lea lea			Tana			
20c. TIME OF IN Hour a.	m.	While	NJURY OCCURRED 20e		OF INJURY (Hame, farm , street, office bldg., etc.	i, ; 20f. (City :-) !	or tawn)	(Coun	ity) (Stote)
p.	10	of wor	k at work .	EP					
21. I certify	that I attended the	deceas	ed fram how.	1	, 19 5 9, ta	Dec.	10 1959th	at Llast s	aw the deceaser
alive an A	1	19			curred at 2 A.				
			~	ani ac			treet, city ar tawn, sta		DATE SIGNED
ACTUAL SIGNATURE	Clefton 8	0. 5	rewer	M.D.	4325	-	54. N. 4.	Wash.	De isticts
PHYSICIAN'S NAME (Type)	Clifton R.	Gr	uver		4325-49th	st.	N. W. W.	ash.	D. C.
PREMOVAL (Spectal) Bur-Iral	TION, 22b. DATE THEREC	F /50	22c. NAME OF CEMETER	-	emetery		TION (City, tawn, or o		(State)
3. FUNERAL DIRECT		27	ADDRESS ()	~ (hington.	Kans	
		III.				D BY REGIST		y S. Ku	
Robert	A. Pumphre	.V	Bethesda. 1	Mary	land DATES FO	1 4 '5	3 Chara	1 20. 100	

TO ANY CLEAR OF ordinal and Market or supplied the supplied of th RESIDENCE OF DELICATION AND ADMINISTRATION OF THE PROPERTY OF . .

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Litem 9 FilmG254 12-30-59 et CERTIFICATE OF DEATH

13903

Lucas

13344				Keg. Dis	it. No.
I. PLACE OF DEATH		2. USUAL RESIDENCE (Whe			ce before admission)
Montgomer	MARYLAND	o. STATE Mary]		Mont	gomerv
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Carrol Hall	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside carporote lin		
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Kensington. Marylan	2	d. STREET ADDRESS			e. 15 RESIDENCE ON A FARM? YES NO
NAME OF First	Middle		esda, M		
(Type or print)	= G, L	ucas	OF DEATH	Manth 12	Day Year 19 V
+ WIDON	WED DIVORCED		L895 64	E (In yeors IF UNDER brinday) Months yrs.	1 YEAR IF UNDER 24 HR Days Hours Min.
0a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) Housewife	b. KIND OF BUSINESS OR INDUS Own Home	TRY 11. BIRTHPLACE (State o		US	ZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
Kendric	k			Sa	cks
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. IN	FORMANT		Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	es-Unknown W	Villiam Luca	as-son-	same as 2	d
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost. (c)	myo cardio arterio se		reralis	, acute réd	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	IAL DISEASE CON	DITION GIVEN IN PART	1(0) 19. WAS AUTOPS' PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Pa	art I or Part II of i	item 18.)	
Hour a.m. Whi	fact	CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)		vn) (C	County) (State
21. I certify that I attended the deced		2_, 19.59, to	12-10	8, 19 <i>59</i> ,that I la	st saw the decease
alive an	27_, and that death				date stated above
ACTUAL SIGNATURE Colfred	S. Morton .	no. Bet	hes da	mol	12-18-
PHYSICIAN'S Alfred S. N	lorton	Betheso	la, Mar	yland	
20. BURIAL, CREMATION, 226. DATE THEREOF BUREMONAL (Specify) 1 12/20/59	22c. NAME OF CEMETERY OR Evergreen C			City, town, ar county) onville,	(State) Florida
Robert A. Pumphrey	Bethesda, Man	ar land	8Y REGISTRAR	24b. REGISTRAR'S SIG	

DATDEC 2 4 '59

arthur S. Krous

may be retain TO FUNERAL D TO HOSPITAL VS A15 (4) 15M 9/58

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fter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13904

	13945		CERTIFI	ICATE OF	DEATH		Re	g. Dist. No.	1000
1. PLACE OF DEATH o. COUNTY	ONTGOMERY		MARYLA	O STATE	ESIDENCE (Where MARYLA)		COLINITY	esidence befor	
RURAL ond give	(If outside corporate limits, nearest town) REVY CHASE	write c. LE	NGTH OF STAY IN		CHEVY (mits, write RURAL	ond give nea	irest town)
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, given 4321 Leland		is)		t ADDRESS 21 Leland	Stree	t		e. IS RESIDENCE ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First MARY		Middle AGNES	MAGRUDE	D	DATE OF DEATH	Manth DEC.	17	y Year
5. SEX FEMALE	THETTOTE	· MARRIED [NEVER MARRIED DIVORCED [2/ - 4-5		9. AG los 77		onths Days	IF UNDER 24 H Hours Mir
during mast of w	TION (Give kind of wark da orking life, even if retired) ass (retired)	ne 10b. KIND	OF BUSINESS OR I		HPLACE (State or for RYLAND	oreign country)		2. CITIZEN OF	WHAT COUNT
JAMES I	EAMAN	V			R'S MAIDEN NAMI				40
IS. WAS DECEASED ET (Yes, no, or unknown)	VER IN U. S. ARMED FORCE (If yes, give war or dates of serv	ice)	1 SECURITY NO50-2558		n H. Magi				
Conditions, if gove rise to cause (o), stolin lying cause los	immediate DUE TO	TIONS CONTR	BUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL	DISEASE CON	dition Given II	N PART 1(a) 1'	9. WAS AUTOP PERFORMED? YES NO
20a. ACCIDENT V	WAS UNDERLYING 20 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	0b. DESCRIBE I	HOW INJURY OCC	URRED. (Enter natur	e of injury in Part	l or Part II of	item 1B.)		
ZOc. TIME OF INJU Haur a. m p. m	1.		OCCURRED 20 Not while of work	e. PLACE OF INJUR factory, street, of		Of, (City or to	∾n)	(County)	(Sto
actual SIGNATURE PHYSICIAN'S	that I attended the control of the c	curtis	_, and that de	M,D,	at_7_PM.	in Ave	ity ar tawn, stote	n the date	
220. BURIAL, CREMAT REMOVAL (Specif BURIAL		22c.		RY OR CREMATORY N CEMETER			City, town, or cou		(Stote)
23. FUNERAL DIRECTO	B. PUMPHREY,	INC.	ADDRESS SILVER S	PRING, MD	240. REC'D BY	REGISTRAR	24b. REGISTRA		RE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour TO HOSPITAL PAR ATTENDING PHYSICIAN: The law requires that the death certiticate be executed within a may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and the registrar prior to burial, cremation, or remaval, and in any event within 72 hours often death. VS A1S (4) 1SM 9/SB

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	town, with the	18001	R buriot issu
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	• • • •	or gay it	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13945 CERTIFICATE OF DEATH

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Diet	Ma	1	U	J	1,5	R,

1. PLACE OF DEATH o. COUNTY M OI	ntgomery		MARY	LAND	2. USUAL RESIDENCE (Vo. STATE	Where deceose	d lived. If institution b. COUNTY	Montgo		/
b. CITY OR TOWN RURAL and give r	(If outside corporate limi nearest town) ESCA	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN (f outside corpo	orate limits, write RI			
d. NAME OF HOSPI OR INSTITUTION	rral (tf not in hospitol, g urban Hospi	tal		5.	d. STREET ADDRESS	thesda osvelt	C+ •		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Pau la		E. Middle		Mahler	4. DATE OF DEATH	Mon		Day T	Yeor
s. sex Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE		March 4.	1892	9. AGE (In years lost birthdoy) 67 yrs.	Months Doys	_	ER 24 HRS
100. USUAL OCCUPATI	ON (Give kind of work or rking life, even if retired)	done 10b.			TRY 11. BIRTHPLACE (STO Aust 14. MOTHER'S MAIDEN	te or foreign o		12.CITIZENO	DF WHAT	COUNTRY
A	ntone Tre	idl					Kastne	r		
	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	social security no None		Montrouise Trei	eal, (CanadsAddr	ess Sist		
Canditions, if a gove rise to couse (a), stoting lying couse lost. PART II. OT	the under-	Ply	the lange	let.	Description of the term of the	Paris MINAL DISEAS	CONDITION GIV	EN IN PART I(o)	PERF	AUTOPSY ORMED?
	AS UNDERLYING G CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture of injury i	n Port I ar Par	t II of item 18.)			3 110 (2)
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yeo	20d. It While of wor	NJURY OCCURRED Not while of work		CE OF INJURY (Home, fa tory, street, office bldg., e		or town)	(Count	r)	(Stote
21. I certify the alive an actual signature Physician's NAME (Type) 220. Burlal, CREMATIC CREMOVAL (Specify Crematic)	Joh n 0. DN, 22b. DATE THEREO 12/23/	S. G. O. K. Robb	able en 22c. NAME OF CEME	ETERY OR	1990 to accurred at 21 and 2930 George Crematory	ADDRESS (S Gia Av 22d. LOCA	the causes and treet, city or town, ore. Silv	ver Spr	ing (Sto	d abave TE SIGNED Z-Z/1
3. FUNERAL DIRECTOR	S'S SIGNATURE		ADDRESS		24o. RE	C'D BY REGIST		Mary La		
Robert	A. Pumphr	ey	Bethesda	, Ma	aryland DATE	DEC 28	59 a	rethun 8. to	mu.A.	

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22c. NAME OF CEMETERY OR CREMATORY

SILVER SPRING, MD.

(State)

(State)

and that death accurred at 4:35AM, from the causes and an the date stated above.

St. Mark's Episcopal Cemetery, Montgomery County,

24a. REC'D BY REGISTRAR

ADDRESS (Street, city ar tawn, state)

22d. LOCATION (City, tawn, ar caunty)

24b. REGISTRAR'S SIGNATURE

RECTOR: page 3 should may be re. the 0

NAME (Type)

REMOVAL (Specify) BURIAL

23. FUNERAL DIRECTOR'S SIGNATURE

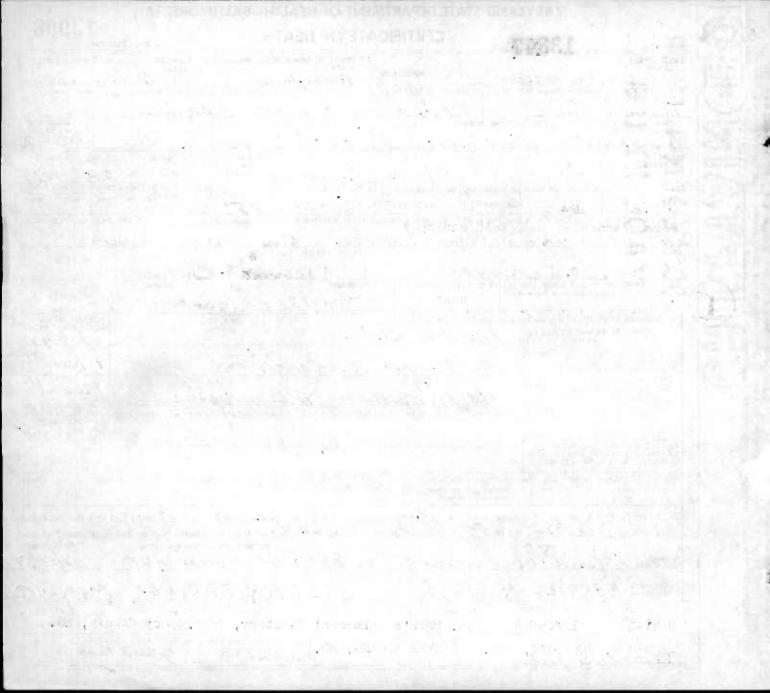
umoun

22a. BURIAL, CREMATION, 22b. DATE THEREOF

12/26/59

INC.

VS A15 (4) 15M 9/5B



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VS A1S (4) 1SM 9/SB

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ral director,	e filed with	M	/

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

	13947		CERTIFIC	CATE OF	DEATH	1		Reg. D	ist. No.	215	
1. PLACE OF DEATH 6. COUNTY Montgomery			MARYLAND	O STATE		ere deceose	d lived. If institution b. COUNTY				sion)
b. CITY OR TOWN (If	outside corporate limi	its, write	c. LENGTH OF STAY IN 11	c. CITY C	OR TOWN (If or	utside corpo	rote limits, write R	URAL ond	give nea	rest tow	n)
Bethesda (109 days	Evan	sville		5	DY	3		
d. NAME OF HOSPITA		give street			T ADDRESS					. IS RE	SIDENCE
U.S. Naval	Hospital,	Beth	nesda Md.	511	E. Fran	klin	Street				A FARM?
3. NAME OF DECEASED (Type or print)	Fir Robe	st	Middle	MC DANIE	Lost	4. DATE OF DEATH	Mon Dece		Doy 21		Yeor 1959
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF B	IRTH		9. AGE (In years	IF UNDE	RIYEAR	IF UND	ER 24 HRS.
Male	White	WIDOW		6-9-2	7		lost birthdoy) 32 yrs.	Months	Doys	Hours	Min.
10o. USUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IN			or foreign c		12. CIT	IZEN OF	WHAT	COUNTRY
during most of worki U.S. Marin	ing life, even if refired)	S. Governmen		linois				U.S.		
13. FATHER'S NAME	e corps		.b. Governmen		R'S MAIDEN N	AMF			0.0.		
Tages WC D	ANTET						TD				
ISAAC MC D		CECO 114	SOCIAL SECURITY NO.	INFORMANT	lyn FII	LACIERA	Add				
(Yes, no, or unknown) [1]	f yes, give wor or dates of s						Add	ress			
100	WW II			ospital	Records	5					
		use per li	ne-for (o), (b), ond (c).]		01				INTE	RVAL B	DEATH
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1 4	ulman	ung.	Edle	me	~		3	6	hur
1416X	DUE TO	-	21	. 0,1	/	.0				6	
Conditions, if on	y, which)	1/5	Lounati	a. /40	ut /	lean	une		12	22	recu
gove rise to im couse (o), stating to		1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	- / /						0	
lying couse lost.	ne under-	1									
PART II. OTHE	er significant con	DITIONS C	CONTRIBUTING TO DEATH E	UT NOT RELATED	TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 15	PERF	AUTOPSY DRMED?
20g. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter notur	e of injury in P	ort I or Por	t II of item 1B.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While	NJURY OCCURRED 20e. Not while k ot work	PLACE OF INJUR foctory, street, of	Y (Home, farm, ffice bldg., etc.)	20f. (City	or town)		(County)		(Stote
21. I certify the	at Lattended the	deceas	ed fram 3 Septe	mber 105	9 to 21	Decen	ber 1059	that I I	ast saw	the	decease
alive an 21 D	ecember	10	59, and that dec	th accurred	.4:00A	AA 6	Ab	d 4		-1-1-	J L
dilive dil		/ 1/	zz, and mai dec	iiii accorred			treet, city or town,		e dare		TE SIGNE
ACTUAL	1 all m	21	and and	II.S.			tal, Bet		. Md.	12	-21-5
SIGNATURE	comes 1111	4	carry	M.D	110101	11000	. coar, bec		7.702.0		
PHYSICIAN'S J	.M. Young	LT M	C USN	U.S.	Naval	Hospi	tal, Bet	hesda	Md.		
220. BURIAL, CREMATION	V, 22b. DATE THEREC)F	22c. NAME OF CEMETERY	OR CREMATORY	,	22d. LOCA	TION (City, town,	or county)		(Sto	te)
REMOVAL (Specify) Burial	12-24-	58			- 10 6 1		sville In	_ ,,		=	
23. FUNERAL DIRECTOR'S		-	- ADDRESS		24c REC'D	BY REGIST			GNATUR	E	
www. (na	muca 4	Harr	were.	S+ N T		000 -					
W.W. Chambe	rs Funeral	Home	- THOO CHAPTH	DO: 14.4	· I DWGPDTT	rue en	19 20.00	Cirtin	17 8 9	Times	

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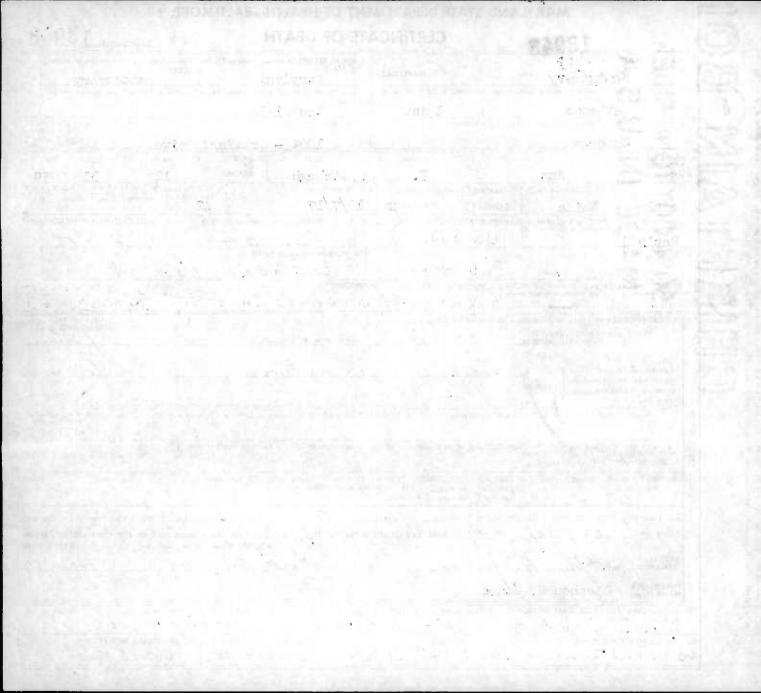
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12040

CERTIFICATE OF DEATH

20344				Reg. Dist.	11031
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		institution: Residence	before admission)
Montgomery	MARTLAND	Marylar	nd	Montgo	omery
b. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o		write RURAL and giv	re nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street	l day	26 Rockvil	Lie		IC DECIDENCE
or Institution Suburban	oddress)	d. STREET ADDRESS	Crawford I	rive	e. IS RESIDENCE ON A FARM? YES NO
	AA2 1 11				
3. NAME OF First DECEASED (Type or print) Ann	Middle E 1 / Z /	ABet#McHugh	4. DATE OF DEATH	Month 12	31 1959
S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (I		YEAR IF UNDER 24 HRS.
Female White widow		10/7/17	lost bir 42	thdoy) Manths D	Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZE	EN OF WHAT COUNTRY?
Retired	S Gov.	FLOR	IDA !	4	1. S. A
13. FATHER'S NAME		14. MOTHER'S MAIDEN		1	
LOUIS A.)	MITH	EST H		INSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	NFORMANT		Address Suc F	h wick st
No 5	19-09-1149	MARYLOU	SAUR	Beth	YSDA MD
18. CAUSE OF DEATH [Enter only one cause per li	ne far (a), (b), ond (c).]				ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Cerebral	anok	a,		126-
705.44 DUE TO	1				1
	4, 5	fl / /			/ 2.
Canditians, if any, which (b)	tupus ou	Mung tos	450		(a Mong
couse (o), stoting the under-					
lying couse lost.	0			CLAN U. Y	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ON GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
3	17				YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DES	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item	18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
		ACE OF INJURY (Home, form		(Co	unty) (State)
Hour o. m. p. m. 19 of wor	1401 WHITE	ctory, street, office bldg., etc	"		
		i 187	1 / /	50	
21. I certify that I attended the deceas	ied fram	192/_, ta	12/3/	19.1.5. That I last	t saw the deceased
alive an 12/3//, 19	57_, and that death	accurred at /1/5/	M, from the cau	ses and an the	date stated abave
	, /		ADDRESS (Street, city		DATE SIGNED
SIGNATURE Affilian h.	th-se	un March	h-16)	End	12/3//50
SIGNATURE 19 1 Julian 11		M.D	aug .		
PHYSICIAN'S Stephen N. Jone	s				/ /
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR GREMATORY	22d. LOCATION (City	, town, or county)	(State)
BURIAL JAN. 4, 1960	GATE of	HEAJEN	wHea		(Cr
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS (ib. REGISTRAR'S SIGN	NATURE
high Latternell 36	0314h	NV DATE J		arthur &	4 -
10.01.000000000000000000000000000000000	0017	DATE U	HIT J OU	Commy s.	/ Wall



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13949 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1	U	3	1	9
 and in		0	60	47

		* O O T 4				Keg. L	/ISI. 140.	
	7. 1	PLACE OF DEATH		2. USUAL RESIDENCE (V	A 1		ence before admission)	
1	L		ARYLAND	a. STATE M	0	. COUNTY M	into	
1	b	CITY OR TOWN (If ounide corporate limits, write RURA) C. LENGTH OF S and give nearest town)	TAY IN 16	c. CITY OR TOWN (I	f autside corporate lim	nits, write RURAL an	d give nearest town)	
		Silvan Spring 2/2t	ns	X /30	Theoda			
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street as	ddress)	d. STREET ADDRESS	2	0	e. IS RESIDENC	E
		2212 Colston Dr		4838/	mad by	Jok I	YES NO	
	3.	NAME OF DECEASED Type or print) Complet Bennet	mal	Last	4. DATE OF DEATH	Manth Lee 2	Day Year 1955	
	5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MAI	RRIED 8.	DATE OF BIRTH	9. AGE (Andread .		S.
		Male White WIDOWED DIVORD		11-15-18	98 61	yrs. Months	Days Hours Min.	
	10a	. ÚSUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS turing most of warking life, even if retired)		RY 11. BIRTHPLACE (State	ar fareign country)	12. CIT	IZEN OF WHAT COUNTS	₹Y7
	1	auto dealer Own Busine	ess	Pa		9	21. SQ	
	13.	Ailliam C. McKee		Adelaide	Bennett			
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. IN	FORMANT		Address		
)		po, or unknown) yes, give wor or doles of service) Yes	Ge	orgeanna M	ickee-ite	m #2-W11	e	
/		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	.]				INTERVAL BETWEEN ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CURNAY	april	usion	A CONTRACTOR		21/2 has	
		420.1 DUE TO						
		Canditians, if any, which) (b)						
		gave rise to immediate couse (a), stating the underlying DUE TO						8
		cause last. (c)						
	O.	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDIT	TION GIVEN IN PAR	PERFORMED?	1
)	3		mar		ar.		YES NO	1
	1 - 1	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH.	CURRED. (En	yer nature af injury in Par	t I ar Part II af item 10	8.)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED		E OF INJURY (Home, farm	n, 20f. (City or town)	(Co	unty) (State)	,
	MED	Haur a, m, p, m, 19 White Not white at wark at wark	_	ry, street, diffice blog., etc.				
		21. I certify that I took charge of the remains descri	bed abov	re, held an Autops	y , Inspection	on W, Inquir	ry ond find th	at
		death resulted from: Natural causes . Accident	, Suic	ide 🔲, Homicide		nined cause		
		0- 20						
		SIGNATURE Man & Morehan		M.D. CHIEF MEDICAL EX	KAMINER 🗌		DATE SIGNED	
		EXAMINER'S TO TO		ASSISTANT MEDIC	AL EXAMINER	1	- (79	
		NAME (Typo) FLANK J. 13 hoseh 2	H	DEPUTY MEDICAL	400	. /2-2	2-37	
	220.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE			22d. LOCATION (City		(State)	
			Heav	en Cem.			Maryland	
1		FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey, Bethesda	. Mar	rvl and l		4b. REGISTRAR'S SIG		
	4		,	DATE I	EC 2 8 '59	0 11 0	10	

Line and the same	CERTIFICATE OF DEATH	PRIMITING MEDICAL EXAMINER'S
	the contract of the second of	
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	ar interpretation	
		AND THE RESERVE OF THE PARTY OF
		Classes Common 2
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	creat new Lines 12	T -26-19 Chief Chief
		Part A. Tumphres, Bertho ha rise

19 14 1

John G.

Robert A. Pumphrev

220. BURIAL CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

FUNERAL 3 0

VS A15 (4) 15M 9/58

PERFORMED? YES NO Z (State) (County) _,that I last saw the deceased ____M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) 7936 Old Georgetown Rd. Beth. Md. 12/22/59 22d. LOCATION (City, town, ar county) 22c. NAME OF CEMETERY OR CREMATORY (State) Bishopville, S. Carolina Bishopville Cem 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DA DEC 2 8 '59 Orthur S. Krous Bethesda, Maryland

Rea. Dist. No.

Months

US

Montgomery

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN

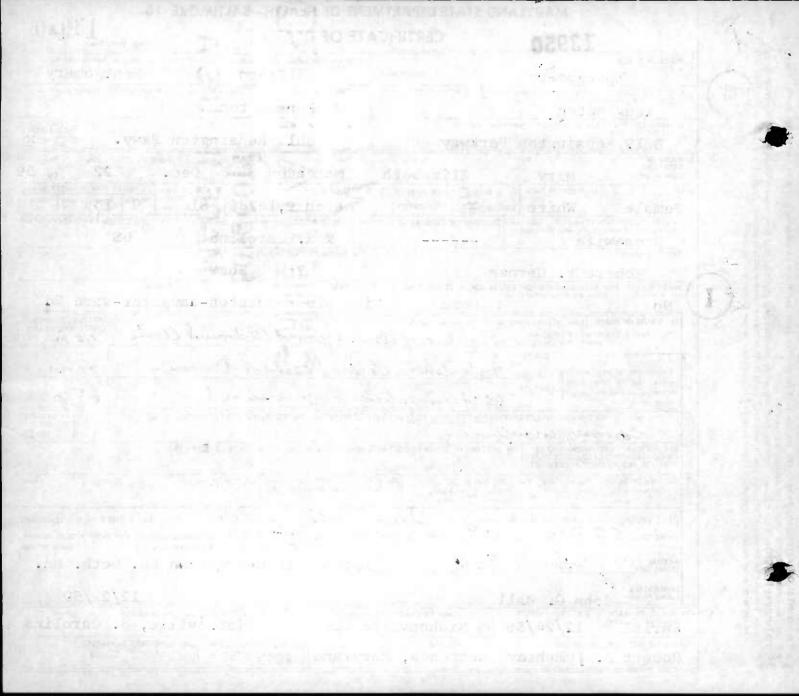
ONSET AND DEATH

. IS RESIDENCE ON A FARM?

YES NO NO

Year

19



Rea. Dist. No. Montgomery e. IS RESIDENCE ON A FARM? YES NO Day Yeor 1959 IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days 12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED? NO 1

(State)

(County)

1957, that I last saw the deceased

Month

yrs.

Address

DATE SIGNED ADDRESS (Street, city or town, state) 0

28d LOCATION (City, town or county

> 24b. REGISTRAR'S SIGNATURE Chilmy S. Frank

VS A15 (4) 15M 9/5B

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TE OF DEATH	CERTIFICA	
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med undated		Detinesor.
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7/12/18/15 16 15/83 15 15 15/18/15/1		
	MEST TENNANTON	THE RESIDENCE OF STREET AND ADDRESS.
A. A. B. O. L. L. Albert Agents		All saud
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A CONTRACTOR OF COMM		
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or removal.

VS. A15ME(5) 5M 9/55

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3	ncil in Item 18. Give Pages 1, 2, and 3 to the funeral did pr. Page 4 should be	ng with form PM3. Page 5 may be retained for your fill	.0
	200	-	- 54

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13952 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

V F		Key, Dist. 140.	-					
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)						
4	Montagnere MARYLAND	o. STATE md b. COUNTY manta						
	b. CITY OR TOWN If outside corporate limits, write RURA c. LENGTH OF STAY IN 16 and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give gearest town)						
	Tilvas Spring 1 wk	56 Helsen Spring						
I	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS						
	11919 andrew St.	11919 audien st YES NO						
	3. NAME OF DECEASED (Type or print) The laws D	Last 4. DATE Month Day Year OF DEATH 1953	-					
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF SIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24	HRS.					
	Lugle white WIDOWED DIVORCED	1-23-1901 Sol birthday) Months Days Hours Min.						
	100/USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTICATION most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	UTRY?					
1	Waitien peline	1 a M-SQ						
	13. FATHER'S NAME Harry Carle	14. MOTHER'S MAIDEN NAME						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address						
	(Yes, no, or unknown) If yes, give war or dated of service) Sec	broken Hoft record - Bethinde med	7					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Elisen sudde	u					
	420,0 DUE TO							
1	Conditions, if ony, which) (b) arleges - scle	eater hear desear 1 yr						
	gove rise to immediate couse (a), stating the underlying DUE TO							
	couse lost. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOI PERFORMED	PSY					
	3 Hospitalned 1 m age In Throngous	is left Illian clim YES NO						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N Herbitaln of the part o	nter nature of injury in Part I or Part II of item 18.)						
- 1								
	- I feete	E OF INJURY (Home, farm, 20f. (City or town) (County) (Starry, street, office bldg., etc.)	ite)					
1	Hour o. m. While Not while of work of work	7, 3100, 01100 0108, 0101						
1	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry , and find that							
	death resulted from: Natural causes , Accident , Suid	ide _, Homicide _, Undetermined cause						
	SIGNATURE Trank 4. Mose hour	_M.D. CHIEF MEDICAL EXAMINER DATE SIGNER)					
Н	EVALUATION OF THE PROPERTY OF	ASSISTANT MEDICAL EXAMINER						
-	EXAMINER'S FLANK J. BLOSENZH	TOPPUTY MEDICAL EXAMINER DE 12-8-59						
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY . 22d. LOCATION (City, town, or county) (State)						
	Berial 12-11-37 1210112504	lle Blairsville Pa						
1	23. FUNERAL DIRECTOR'S SIGNATURE HOUSE 48/2 LC	Citig 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE						
	wed some want to the	TILL DATE DEC 15 '59						
62		20000 D. Triang						

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12052 CERTIFICATE OF DEATH

	tgomery		RYLAND	a. STATE District		L COUNTY	on: Kesidence	before adm	ilssion)
b. CITY OR TOWN RURAL and give r	(If outside corporate limits,	write c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If or	utside corporate li	mits, write Rl	JRAL ond giv	e nearest to	wn)
Bethesda		6 days		Washingto	n	117	x-3		
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in haspital, giv	e street address)		d. STREET ADDRESS				e. IS F	RESIDENCE
The Clini	cal Center,	Bethesda 14,	Md.	342 13th	Street,	S.E.			□ NO 🗵
3. NAME OF DECEASED (Type or print)	First Myrtle	Minnie	le	Mitchell	4. DATE OF DEATH DE	Mon ecembe:		Day	Year 19 59
5. SEX	6. COLOR OR RACE	MARRIED NEVER MARI	RIED B. C	DATE OF BIRTH	9. AC	E (In years t birthdoy)	Months D		
Female	White	WIDOWED TO DIVORCE	ED 🔲	3 June 1888		yrs.	months D	ays Hou	rs Min.
0a. USUAL OCCUPATI	ON (Give kind of wark do	ne 10b. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State	or foreign country		12. CITIZE	N OF WHA	TCOUNTRY
Housewi		None			lvania		II	S.A.	
3. FATHER'S NAME	4.0	NOILO	1	4. MOTHER'S MAIDEN N				0 D 0 4 2 4 0	
Unkno	um			Etta Hunt					
S. WAS DECEASED EV	ER IN U. S. ARMED FORC		O. INFO			Addr	ess		
Yes, no, or unknown) NO	(If yes, give war or dates of serv	578 -22-1 89	2 The	Clinical Ce	cal Reco	ra thesda	14, 1	Maryla	ind
1B. CAUSE OF DE	ATH [Enter only one cou	se per line for (a), (b), and (c						INTERVAL ONSET AN	BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Bronchial	Obstru	ction				ONSET AN	nutes
141.9	DUE TO								
Conditions, if	any, which) (b)_	Aspiration	of bl	ood from ora	al hemori	rhage		5 mi	nutes
gove rise to	mmediate DUE TO								
lying couse lost		Carcinoma	of ton	gue with me	tastases		150	3 mo	nths
	HER SIGNIFICANT COND	TIONS CONTRIBUTING TO D	EATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIV	EN IN PART 1	(a) 19. WA PER	FORMED?
PART II. O								YES	MO [
		0b. DESCRIBE HOW INJURY	OCCURRED. (I	Enter nature of injury in P	art I ar Port II of	item 1B.)		YES	NO [
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20d. INJURY OCCURRED While Nat while	20e. PLACE	Enter nature of injury in P OF INJURY (Hame, farm ,, street, office bldg., etc.	20f. (City or to		(Co	YES (
20c. TIME OF INJU Hour a.m. p.m. 21. I certify t	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Year 19	20d. INJURY OCCURRED While Not while at work at work deceased fram Dece	20e. PLACE foctors	OF INJURY (Hame, form, street, office bldg., etc.	20f. (City or to	~n)	that I last	unty)	(Sto)
20c. TIME OF INJU Hour a.m. p.m. 21. I certify t	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Year 19	20d. INJURY OCCURRED While Nat while at work at work	20e. PLACE foctors	OF INJURY (Hame, farm, street, office bldg., etc.	20f. (City or to	wn) 2., 1959, causes an	that I last	saw the	(Stote
20c. TIME OF INJU Hour a.m. p. m. 21. I certify t alive anDe	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Year 19	20d. INJURY OCCURRED While Not while at work at work deceased fram Dece	20e. PLACE foctory mber 2:	OF INJURY (Hame, farm, street, office bldg., etc.	20f. (City or to	nn) 2., 1959, causes an city or town, cer	that I last d an the (stote)	saw the	(Stot decease ed abav
20c. TIME OF INJU Hour a.m. p. m. 21. I certify t alive anDe ACTUAL SIGNATURE PHYSICIAN'S	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Year 19 That I attended the comber 27 Comber 27 Coward S. 10 WARD S. 10 WARD S. 10 WARD S. 10 WARD S.	20d. INJURY OCCURRED While Nat while of work deceased from Dece 1959, and the	20e. PLACE foctors mber 2: at death ac	OF INJURY (Hame, form, street, office bldg., etc. 1, 1959, to Deccurred at 1:156 The Clini National Bethesda	ember 27 M, from the condenses (Street, condenses that Institut	vn) 2., 1959, causes an city or town, cer ces of cland City, town, c	that I last d an the o stote) HealtI	saw the date state 12	(Stote

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AND SECURE AND ADDRESS OF THE PROPERTY OF THE	H-DATEMORE 18				
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1305% CERTIFIC	CATE OF DEATH Reg. Dist. No	10310
1. PLACE OF DEATH O. COUNTY MONTGOMERY MARYLAN	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before a STATE MARYLAND b. COUNTY MONTGO	
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1	to c. CITY OR TOWN (If autside corparate limits, write RURAL and give new SILVER SPRING	arest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION LEDEAU NURSING HOME	d. STREET ADDRESS 8316 Carey Lane,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) PETER JOSEPH	MORIN 4. DATE Manth Do	y Year 0 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED	Appril 10 1001 last birthday) Manths Days	IF UNDER 24 HRS. Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) Mgr. Meat Dept. Safeway Stores	GA374 GA	S.A.
13. FATHER'S NAME XAVIER MORIN	14. MOTHER'S MAIDEN NAME PHILOMENA GAUTIER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 (If yes, give war or dates of service) 577-09-2717	7. INFORMANT Address Mrs. Rgina M. Morin, 8316 Carey Lane	
gave rise to immediate cotse (o), stating the <u>under-</u> lying cause last. DUE TO (c)	h rombosis when is clevosis	SET AND DEATH SET AND DEATH SEVEN S YROUS
3 Terminal Worklopine	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO
	PLACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) factory, street, affice bldg., etc.)	(State)
21. I certify that I attended the deceased from 8-7 alive an 12-9 19, and that de ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) JASON GEIGER	on the causes and an the da ADDRESS (Street, city or town, stote) M.D. 931 Pershing Dr. Silver Spring, Md.	
- DUALIAN	AVEN CEMETERY MONTCOMERY COMPANY	(State)
23. FUNERAL DIRECTOR'S SIGNATURE WARNER E. PHIMPHREY, INC. SILVER SE	PRING, MD. 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATU	

should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retaint by the hospitol or attending physician.

O FUNERAL C. CIOR: After this certificate has been signed by the ottending physician and completely filled in the page 3 should be detached for use as the burial-transit permit. Then please remayerea bon papers. Pages I and the registrar prior to burial, cremation, or removal, and in any event within 72 fours offer death. TO HOSPITAL OR TO FUNERAL D VS A15 (4) 15M 9/SS

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	OF HEALTH-BALTIMORE, TO	STATE DEPARTMENT		
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CERTIFICATE OF DEATH

_									1109. 0.11.		
1.	o. COUNTY Montgomer	cy	9	MARYLA		o. STATE Florida	here deceased	lived. If institutio b. COUNTY	n: Residence l	before adm	nission)
	b. CITY OR TOWN (I	If outside corporate limits	, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If	outside corpor	ate limits, write RU	IRAL and give	nearest to	wn)
	Bethesda	(Rural)		65 days		Key West		48	X-3		
	d. NAME OF HOSPIT	TAL (If not in hospital, given	e street	oddress)		d. STREET ADDRESS				e. tS F	RESTDENCE
	U.S. Naval	L Hospital N	NMC			Avenue E B	ig Cop	pitt Key		YES	□ NO 🖾
3.	NAME OF DECEASED (Type or print)	Dorothy		Middle rraine	Mos:	last ier	4. DATE OF DEATH	Decembe		Day	Yeor 19 59
	sex 'emale	771-24-	7. MARR	NEVER MARRIED DIVORCED	_	May 1924		9. AGE (In years lost birthdoy) 35 yrs.	Manths Do	_	IDER 24 HRS.
10	during most of war	ON (Give kind of work do king life, even if retired)	ane 10b.	KIND OF BUSINESS OR I	INDUSTR'	11. BIRTHPLACE (State	or foreign co	untry)	12. CITIZEN	OF WHA	T COUNTRY?
]	Housewife	ang me, even ii temes,		None		Conn.			U.	S.	
	. FATHER'S NAME					4. MOTHER'S MAIDEN	NAME				
	Barney Bel	Lgrade				Rose Unk.					
IS	. WAS DECEASED EVE	R IN U. S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO.	INFO	RMANT	multi-	Addre	ess		
	es, no, or unknown)				Hos	spital Recon	rds				
7	PART I. DEA 199. 2 Conditions, if o gove rise to i couse (o), stating lying couse lost.	the under- (c).	Co	pellary Sur		Cyst als			(C)	MOS
CERTIFICATION	PART II. OTH			CONTRIBUTING TO DEATH		2000			EN IN PART 1	PER	FORMED?
		AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	0b. DES	CRIBE HOW INJURY OCC	URRED. (Enter nature of injury in	Part I or Port	II of item 1B.)			
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	RY Manth, Day, Year 19	While	k ot while	factar	OF INJURY (Home, farm y, street, affice bldg., etc	c.)		(Cou		(State)
22	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	A.H. PERKINS	LT	, and mor do	eoth o	U.S. Nava	Address (SH L Hospi	tal, Bet	d on the d stote) hesda l thesda	Md. 1	ed obove
B	urial (Specify)	12-15-59		Jewish Ce	emete	ry	Wate	erford C	onn.		iole)
23	FUNERAL DIRECTOR	'S SIGNATURE Dea	17	ADDRESS H	Merce	24a. REC	D BY REGIST		TRAR'S SIGN		
	Dear Fune	ral Home Wa	snin	gton. D.C.	812	94. aun DATE DE	CO 1 0 '5'	y Cha	hur & ft	anti-A	

M er death. Poge 4 he funeral director, Pages 1 and 2 should be filed with

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may be retained by the hospital ar ottending physicion. **D FUNERAL DESTOR**: After this certificate has been signed by the attending physicion and completely filled in bagge 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and the registrar priar to burial, cremation, or removal, and in any event within 72 haurs ofter death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours moy be retoin TO HOSPITAL O

VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

PERFORMED?

YES NO T

(State)

DATE SIGNED

(Stote)

(County)

24b. REGISTRAR'S SIGNATURE

arthur S. Krous

24g. REC'D BY REGISTRAR

DATE JAN 4

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physician

attending 72

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13957 1. PLACE OF DEATH

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) L. COUNTY MONTGOMERY a. STATE MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) KENSINGTON e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO TX 3932 WASHINGTON STREET 4. DATE Manth Yeor Day DEATH 29 59 DECEMBER 19 MOULDEN 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthdoy) Months Dovs Haurs 12. CITIZEN OF WHAT COUNTRY? LISA MARYLAND 14. MOTHER'S MAIDEN NAME BREMMIMAN **INFORMANT** Address HOSPITAL RECORDS OLNEY. MD. INTERVAL BETWEEN ONSET AND DEATH

o. COUNTY MARYLAND MONTGOMERY b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) 8 DAYS d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MONTGOMERY COUNTY GENERAL HOSPITAL NAME OF Middle DECEASED (Type or print) WILLIAM CLARENCE 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T DIVORCED [WIDOWED V 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during mast af warking life, even if retired) Meat cutter and Clerk Grocerv 13. FATHER'S NAME JOSEPH MOULDEN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17-01-6764 no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) 20c. TIME OF INJURY Manth. Doy, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Haur o. m. While Nat while at wark ot wark 2/29 21. I certify that I attended the deceased from _____, 1922, that I last saw the deceased and that death accurred at 11:22 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S SANDY SPRING, MARYLAND A. D. BONIFANT. M. D. NAME (Type) 22b. DATE THEREOF 22d, LOCATION (City, Jawn, or county) 22a. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 1/2/60 ROCKVILLE CEMETERY MONTGOMERY COUNTY, MD

ADDRESS

SILVER SPRING, MD.

FUNERAL page he 0 VS A15 (4) 15M 9/58



23. FUNERAL DIRECTOR'S SIGNATURE

WARNER E. PUMPHREY

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Al Princers				
THE LETTER OF		2111		
		Fig. 12425		YSHID
	Mr.			
		Manual.		ATTACK TO THE REAL PROPERTY OF THE PERSON OF
		A. P. Carlot		
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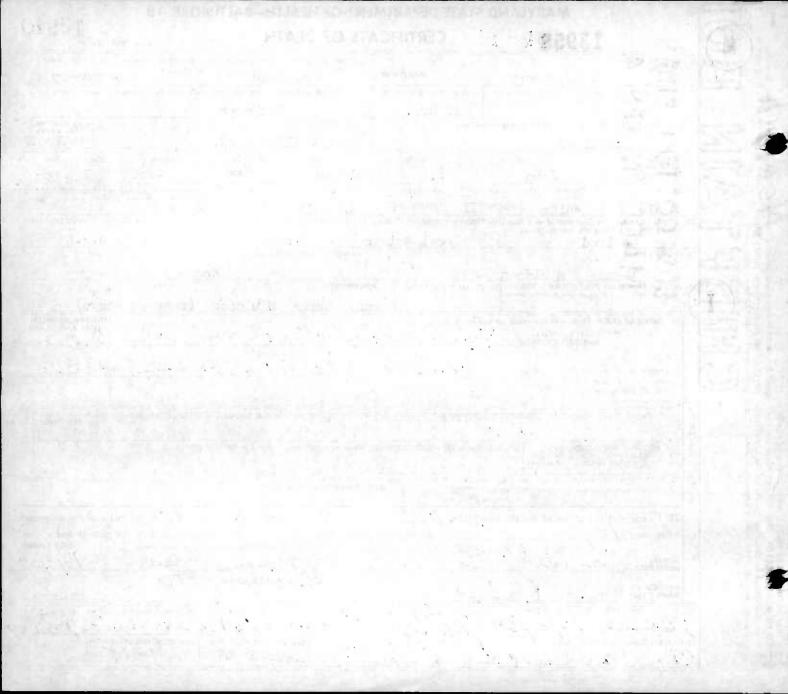
CERTIFICATE OF DEATH

13919

		13958		CERTIF	ICAI	E OF DEA	IH	term til	Reg. D	ist. No		
1.	PLACE OF DEATH o. COUNTY	M ontgome:	ry	MARYL	11	usual RESIDENCE	100000000000000000000000000000000000000	d lived. If instituti b. COUNTY	2.6		ore odmis	
	RURAL and give n		ts, write	c. LENGTH OF STAY IN	И 1Ь	c. CITY OR TOWN (URAL and	give ne	arest taw	n)
-	OR INSTITUTION	TAL (If not in hospitot, g	jive street	12 Hrs.	1	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM	
		lburban		· · · · · · · · · · · · · · · ·		6900 M il	lwood R	d			YES [] NO []
3.	NAME OF DECEASED	Fir	st	Middle	3/	Last	4. DATE OF DEATH	Mar		Do	ay C	Yeor
	(Type ar print) SEX	John	7	E.		ldoon	DEATH		Dec.	n 1 VE 4 E	3	1959 ER 24 HRS
3.	M ale	6. COLOR OR RACE White	WIDOW	RIED NEVER MARRIED ED NOVER DIVORCED		4/25/85		9. AGE (In years last birthday) 74 yrs.	Manths	Days	Haurs	Min.
10	usual occupation during most of work	king life, even if retired	done 10b.	KIND OF BUSINESS OR Real Es	industry tate	11. BIRTHPLACE (Se		ountry)	12.CI		S.A	COUNTRY
13.	FATHER'S NAME	red	1	real DS		4. MOTHER'S MAIDE					D.E	
	ጥ	M						Kennedy				
3.5	WAS DECEASED EVE	as Muld		SOCIAL SECURITY NO.	INFO	RMANT	-	Refinedy	ress			
1	es, no, or unknown)	(If yes, give war or dates of s		DOCINE DECORITY NO.	11.75		M 7 1	,		A 3		
1	No CAUSE OF DE	avia for a		C* (1 0) (1)	Sor) Burke	M uldo	on (same	e as			FTMEEN
		ATH WAS CAUSED BY:	use per u	ne far (a), (b), and (c).]	/	1 /20	, ,	-/			SET AND	DEATH
		IMMEDIATE CAUSE ()	jonelar	120	ed (LL	cines	321 (K 16	010	66	111	EW
	151x	DUE TO	//	(1)	_ • /					,	1	
	Conditions, if a	ny, which)	/	Jasin	0	(Ous E	IM	ma		16	UD	· Der
	gave rise to i	mmediate (1			Co pr	/162					6.6
	lying cause last.	the under-										
z) (0)	CONTRIBUTING TO DEAT	THE PLUT NO	T DELLATED TO THE TE	BANKAL DICEAC	COMPLETION OF	/F)	n= 1()	20. 14/40	AUTOBOV
CATIOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter nature af injury	in Port I ar Par	t 11 af item 18.)				
MEDICAL	20c. TIME OF INJUI Haur o. m. p. m.	RY Manth, Day, Ye	While	NJURY OCCURRED Nat while at wark	PLACE foctory	OF INJURY (Hame, f , street, office bldg.,	farm, 20f. (City etc.)	ar town)		(Caunty)		(State)
	21. I certify the	at I attended the	deceas	ed from 11/1/	4	, 1959, ta	12/3	199	that I I	ast say	w the c	deceased
	21: 1 certify that I attended the deceased from 1/6, 1927, ta 2/5, 1927, that I last saw the deceased alive an 1927, and that death accurred at M, from the causes and an the date stated above.											
	ADDRESS (Street, city ar town, state) DATE SIGNED											
	ACTUAL SIGNATURE	anald)	(0)	Chman	- MD	5717	(Mesape	i au	e		12	/3/53
	PHYSICIAN'S NAME (Type)	D	Elem			Chev	y Chon	, mo				
22		Donald Q. DN, 22b. DATE THEREC		22c NAME OF CEMET	EDV OR C	PENATORY	224 TOCA	TION (City, town.)	or county		/ (Sta	tel -
	REMOVAL (Specify	12/5/	159	m. 0)	lin	I Dem.	10	Yash	Z->	360	77	7
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS 510	3 6		EC'D BY REGIST	RAR 24b. REGI	STRAR'S	IGNATU		
(hem Oh	use Francis	1 1		ASA	DATE	DEC 7 '5	9 0	Thun &	That	IA.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be ref. if by the haspital ar attending physician.

TO FUNERAL SAECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs after death. VS A1S (4) 15M 9/5B



CERTIFICATE OF DEATH

13920

		~0033	CERTIFICA	IE OF DEATI		Reg. Dist.	No.
1.	PLACE OF DEATH	ALBERTA SE		2. USUAL RESIDENCE (W			before admission)
	o. COUNTY ant	gomery	MARYLAND	10. STATE	-5/1900	. COUNTY MOY	tamary
		itside corporole limits, Tite	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside exporate lin	nits, write RURAL and give	e newrest town)
	Takoma	Park, Md.		56 Silver	Spri	ns	
	d. NAME OF HOSPITAL OR INSTITUTION	If not in hospital, give street o	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Washingt	on Sanitario	in 4 Hospital	634	81191	AUE.	YES NO DE
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month Dec	Day Year
	(Type ar print)	r. Thomas	s James	Murphy	ERDEATH	- (6.	1959
5.	SEX 6.	COLOR OR RACE 7. MARR	ED NEVER MARRIED 8	. DATE OF BIRTH	9. AGI	Linkhalana III	YEAR IF UNDER 24 HRS.
_	NAICI	WIDOWE WIDOWE	-	1/17/83	2	6 yrs.	ys 11001s Mill.
100	To during most of working	(Give kind of wark done 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZE	N OF WHAT COUNTRY?
	GOVT		.S. GOV'T.	Pennsylva	ania	U.	S A. 2
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		Strain and
1	atrick	C. Mur	phy	Elizab	PTh. G	ilcheh	
15. (Ye	WAS DECEASED EVER IN	U. S. ARMED FORCES? 16. 1	SOCIAL ECURITY NO. IN	FORMANT CEPT	ude Wail	Ve Address	1. Md,
	No		Z	sughter	634	8/1900	900.
		[Enter only one couse per lip	for (o), (b), ond (c).]	1 1 1-	1 1	0	INTERVAL BETWEEN ONSET AND DEATH
	PART I, DEATH	WAS CAUSED BY: MEDIATE CAUSE (o)	Ecult Coarl	tea belle	aler		2 his.
	450.0	DUE TO		01 0	1		
	Canditions, if any,		engalyd	(lillero e)	cleur	~	Sgn'
	gave rise to imm couse (o), stoting the		1				0
7	lying couse lost.) (c)					
NOL	PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
FICA.	170						YES NO
CERTIF	20a. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY MEI	CAUSE OF DEATH	RIBE HOW INJURY OCCURRED.	. (Enter noture of injury in	Port I or Port II of i	item 1B.)	
SAL	20c. TIME OF INJURY	Month, Doy, Year 20d. IN		CE OF INJURY (Home, farm		vn) (Cou	inty) (State)
MEDICAL	Hour a.m.	19 While at work	_ IAGI WIIIE _	ory, street, office bldg., etc)		
	21. I certify that	I attended the decease	ed from Man 2	, 1954, to A	29	_, 1957,that I last	saw the deceased
	alive an Acc	29 195	A. /	accurred at 11/120			
3	1	-0 - 1	A .	A COUNTED TO THE COUNTED TO	ADDRESS (Street, ci		DATE SIGNED
	ACTUAL SIGNATURE	13/1/11	deros mil	0 800 Re	salicaci	Asine	12/29/59
	0	2000	11		/		
	PHYSICIAN'S NAME (Type)	B. WARDROP			./		
22	BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or county)	(State)
	BURIAL (Specify)	1/2/60	St. John's Ca	emetery	Montgon	mery County,	Maryland
23.	FUNERAL DIRECTOR'S SI	GNATURE INC.	ADDRESS SILVER SPRIM	NG, MD. 24a. REC	D BY REGISTRAR	24b. REGISTRAR'S SIGN	ATURE

the funeral directar Pages 1 and 2 shauld be filed with

TO HOSPITAL O'R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retail. By the haspital ar attending physician.

TO FUNERAL LEMECTOR: After this certificate has been signed by the attending physician and campletely filled in bagge 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

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a. COUNTY		TGOME	RY	M	ARYLAND	2. USUAL RE a. STATE	MARY	/here decease	d lived. If b. C	institutia OUNTY	n: Resider	GOME	re admissian) RY
b. CITY OR TO	WN (If autside carp give nearest town)	oarate limits,	_	LENGTH OF S		c. CITY 0		autside carpo		write RU	IRAL and	give ned	arest tawn)
d. NAME OF I OR INSTITU	IOSPITAL (If not in FAIRL		e street add URSING			1 -1 -	ADDRESS iggs	Chaney	Road				e. IS RESIDENCE ON A FARM YES NO
NAME OF DECEASED (Type ar print)		First	A	EMM	iddle	MUSGRO	lost VE	4. DATE OF DEATH		Mont		1.	y Year 19 ⁵ 9
S. SEX	6. COLOR 6	torn.	MARRIED	NEVER MA	ARRIED	8. DATE OF BII 1/1/75			9. AGE (III last birt		Manths Manths	Days	Haurs Mi
o. USUAL OCC during mast	JPATION (Give kind of warking life, even	d af wark da n if retired)	-	D OF BUSINE	SS OR INDU		PLACE (Stote		ountry)			J.S.	MHAT COUNT
3. FATHER'S NAME Edward	Briggs					14. MOTHER		NAME eckwit	h			9 =	
1	D EVER IN U. S. AF			none		NFORMANT S. Tayl	lor O.	Timbe	rlake	Addre Jr			
gave rise cause (a), s lying cause	, if any, which ta immediate ating the underlast.	(b)_ DUE TO (c)_ ANT CONDI	ITIONS CON	TRIBUTING TO	D DEATH BUT	NOT RELATED	TO THE TERM	MINAL DISEAS	E CONDITI	ON GIVE	EN IN PAR	RT 1(a) 1	9. WAS AUTO PERFORMED YES NO
20a. ACCIDE OR CONTRIB (IF EITHER, N	NT WAS UNDERLYII UTING [] CAUSE C OTIFY MEDICAL EX	NG DEATH AMINER)	Ob. DESCRIE	BE HOW INJUI	RY OCCURRE	D. (Enter nature	e af injury in	Part I ar Par	t II af item	18.)			
Haur Haur		Doy, Year 19	20d. INJU While at wark	Nat while at wark	20e. Pl	ACE OF INJURY ctary, street, aff	Y (Home, far fice bldg., e	m, 20f. (City	y ar tawn)		(Caunty)	(5)
olive on_	fy that I often How 3	ded the d	deceosed , 19.5		hot death	n occurred o	14		the caus	ses ond	d on the		the decede stoted ob DATE SIG
22g. BURIAL, CRE REMOVAL (S BURIAL		TE THEREOF				R CREMATORY			TION (City,			VTV	(State)
23. FUNERAL DIRI	CTOR'S SIGNATUR	E		ADDRESS SILVER			1	D BY REGIS		b. REGIS	TRAR'S SI	GNATUI	RE

* ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours moy be reta by the hospital ar ottending physician.

TO FUNERAL INVECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the buriol-transit permit. Then please remave corban popers. Pages 1 and page 3 should be detached far use as the burial-transit permit. Then please remove corban popers. the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs ofter death. TO HOSPITAL

shauld be filed with fter death. Page 4

Pages 1 and 2 shauld be filed

VS A15 (4) 15M 9/58

16 COLUMN TO THE RESERVE OF THE RESE . and the same of th La ne lbr. Jaylor D. Yaconiles, Jr.

ADDRESS

Bethesda,

VS. A15ME(5)

23. FUNERAL DIRECTOR'S SIGNATURE

A Pumphrey

executed within 24 haurs

Pe-

certificate shauld

5M 9/55

24a. REC'D BY REGISTRAR Maryland

24b. REGISTRAR'S SIGNATURE arthur S. France

Year

Min.

NO [

(Stote)

Md.

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Section 1. Control of the Control of	
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THE PERSON NAMED IN COLUMN TO A PART OF THE PERSON OF THE	
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The state of the s	

CERTIFICATE OF DEATH

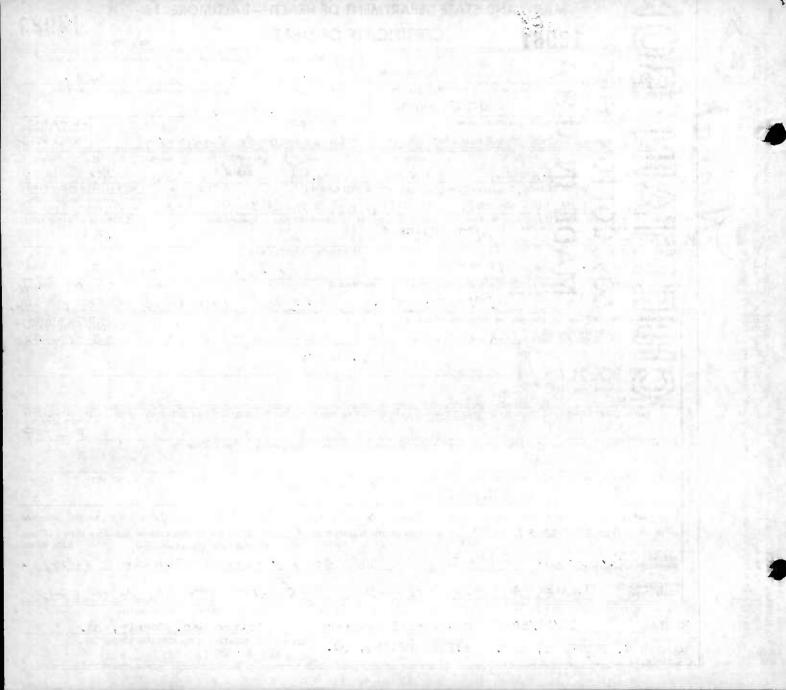
	1	J	y	2	
D: .					

10001				Reg. Dist.	No.
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (W	h (COUNTY	
MONTGOMERY		MARY		MONTGO	4524
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	-1 ·		, write RURAL and give	nearest fawn)
SILVER SPRING	25 4 EARS	36 SILVER S	PRING		
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION		d. STREET ADDRESS	- 0- 0		e. IS RESIDENCE ON A FARM?
1018 WOODSIDE PAR	KWAY	1018 MOOD	SIDE PAR	RWAY	YES NO
3. NAME OF First DECEASED (Type or print)	Middle ED GAR	Lost	4. DATE OF DEATH	Month DEC = 2	Day Year 9 1959
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YE	EAR IF UNDER 24 HRS
MALE WHITE WIDOWE		OCT. 25, 18	9. AGE (last bi	rthday) Manths Day	ys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	Own business or INDU	ISTRY 11. BIRTHPLACE (State			OF WHAT COUNTRY
	LUMBING	PA-			
13. FATHER'S NAME	21011	14. MOTHER'S MAIDEN			
GEORGE HO			MAK.	STOUPFE Address SI	R
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	INFORMANT		Address 5/	IL VERSPRIN
No 5		MES, MABER	E. 1018	WOODSIDE 1	PKWY M
1B. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	DENOCARCINE	UA COLONI	WITH LU		21/2 YEAR
153. 8 IMMEDIATE CAUSE (a) Due to		ET ASTASIS	201111 27	76,5	DIE YEAR
Conditions, if any, which)		() () () () ()			
gave rise to immediate					
cause (a), stating the under-					
lying cause last.) (c)					
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERM	inal disease condi	TION GIVEN IN PART 1(PERFORMED? YES NO
-	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Part I ar Part II of iter	n 1B.)	
Haur a.m. While		ACE OF INJURY (Hame, forrictary, street, office bldg., etc		(Cau	nty) (State
21. I certify that I attended the decease	ed from FEB /	6 , 1953, to I	DEC. 29	1959 that I last	saw the decease
alive an DECEMBER 29, 195		200,	2	172_1, mar 1 last .	suw me decease
alive an Decombon 193	$ \frac{1}{4}$ $ \frac{1}{4}$ $ -$	accurred at			ate stated above
ACTUAL P	0.1		ADDRESS (Street, city		DATE SIGNE
SIGNATURE Samesa, Ro	my2	M.D. 8907	SEORGIA	AVENUE	12/29/59
PHYSICIAN'S JAMES A.	ROBERTS MI	D. Sic	ver SPA	zina, MA	RYLAND.
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (Cit	y, tawn, ar caunty)	(Stote)
BURIAL 12/31/59	Cedar Hill C		Prince Ge	o. County,	Md.
23. FUNERAL DIRECTOR'S SIGNATURE LARNER E. PUMPHREY INC.	SILVER SPRIN	II in IVIII	D BY REGISTRAR 2	4b. REGISTRAR'S SIGNA	ATURE
Raymond a Juka.		DATE J	4N 4 '6U	arthur & fo	TALLA

Poges 1 and 2 should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour moy be retained by the haspital or ottending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove capion papers. Pages 1 and the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. moy be retain TO FUNERAL D TO HOSPITAL VS A15 (4) 15M 9/5B

er death. Page 4 funeral director



VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13962 CERTIFICATE OF DEATH

13924

	40000							Keg. Dis	T. NO.	215
1. PLACE OF DEATH o. COUNTY Montgome:	*37	A E	MARYLA		USUAL RESIDENCE (WHO o. STATE Virginia		d lived. If institut b. COUNTY		e before	admission)
	(If outside corporate limits,	, write	. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o		rote limits, write I	RURAL and a	ive neare:	st town)
RURAL ond give in Bethesda	/		1 day				8	2 / 3	2	
	ITAL (If not in haspital, give	e street oc			Arlington d. STREET ADDRESS		0	3 /	e.	IS RESIDENC
OR INSTITUTION	al Hospital I				5605 19th S	T Nor	th			ON A FARM
3. NAME OF DECEASED (Type or print)	First Judith	ME	Middle Ann	Na	lost Sipak	4. DATE OF DEATH	Decemb		Doy 13	Year 1959
5. SEX		7. MARRIE	D NEVER MARRIED		ATE OF BIRTH		9. AGE (In years			UNDER 24 H
Female		WIDOWED		6.50	August 1955		lost birthdoy)		Doys H	Hours Mir
	ION (Give kind af wark da							12.CITI2	ZEN OF W	/HAT COUNT
during mast af wa None	rking life, even if retired)	1.40								
13. FATHER'S NAME		No	ne	11.	Maryland Mother's Maiden	JAME		U.S	•	
Valentin I	Nogamol:									
	ER IN U. S. ARMED FORCE	FC2 14 CC	OCIAL SECURITY NO.	INFO	Shirley Ol	TAGT.	Ade	fress		
(Yes, no, or unknown)	(If yes, give war or dates of serv		JCIAC SECORITY 140.			ntin 1	Nasipak		s #2	
Conditions, if gave rise to cause (a), stoting lying cause lost. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	the under-	ITIONS <u>CO</u>	INTRIBUTING TO DEATH	BUT NO	FRELATED TO THETERM	INAL DISEAS	E CONDITION GI	VEN IN PART		WAS AUTOP PERFORMED? (ES \ NO
	AS UNDERLYING CONTROL OF CAUSE OF DEATH OF MEDICAL EXAMINER)	0b. DESCR	IBE HOW INJURY OCCU	URRED. (E	nter nature of injury in	Port I ar Par	t II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year 19	While	URY OCCURRED 200 Not while ot work	e. PLACE foctory	OF INJURY (Home, farm , street, office bldg., etc	1, 20f. (City	or town)	(C	County)	(Sto
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) H 220. BURIAL, CREMATIC	.L. Walton I	, 1959 ali T MC		eoth oc	U.S. Naval	M, from ADDRESS (S Hospi Hospi	the causes are treet, city ar tawn	nd on the stote) hesda hesda	date s	DATE SIGN
Burial (Specify	12-17-59		ST. Mary's	5		Ely	ria, Ohio)		
22 FUNERAL DIMENTA	REYNATIONERAL	HOME	BETHESDA,	MD.	24a. REC	D BY REGIST	759 24b. REG	ISTRAR'S SIG		A

Townstan (Err.) ... (Arr.) automotive

U.S. Hovel Hought Bong to See Co. Column Programme Level 16.0

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1.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND 13963		ENT OF HEALTH—BALTIMORE, 18 ATE OF DEATH Reg. Dis	13925 t. No.
PLACE OF DEATH D. COUNTY Montgomery Co	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence STATE 2022 Klingle Rd. N.W.	be before odmission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Silver Spring	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and g Washington, D. C. 47)	ive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?

Monogomery Co	2022 VIIIIITE	Ru. N.W.	N. C
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Silver Spring	c. CITY OR TOWN (If outside of	D . C	RAL and give nearest town) 47×-3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
The Althea Woodland Nursing Home	2501 Wenven	EST.	YES NO
3. NAME OF First Middle (Type ar print) CeCelia Nelowich	Last 4. DA OF DE/		Doy Yeor Der 27, 1959 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	FUNDER TYEAR IF UNDER 24 HRS.
F WIDOWED DIVORCED	5-17-1887	lost birthday) 72 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDU during most of warking life, even if retired)	STRY 11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Russia		U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Julius Zeckerman	Lena Zuxixxx	MMMK Light	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NFORMANT	Addre	70 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
The state of the s	rs. Gertrude Mens	h 2022 K1	ingle Rd., N.W.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CERETY 0 - U-AS	cular throng	Lasia	ONSET AND DEATH
443× DUE TO		14.0.23	
(Conditions, if any, which) (b) Huppertonsin	e cardin-1	25011/2 -	die Ibuore
gave rise to immediate	Car cir D	7001101	7
couse (o), stating the <u>under-</u> lying couse lost.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVE	PERFORMED?
Y I I I I I I I I I I I I I I I I I I I			YES NO M
	D. (Enter nature of injury in Port I ar	Port II of item 18.)	
	ACE OF INJURY (Home, farm, 20f. ctory, street, office bldg., etc.)	(City ar town)	(County) (State)
Hour o. m. P. m. Hour o. m. While Not while of work of work	ciory, street, office blug., etc.)		
21. I certify that I attended the deceased from. Usual	1957 ta 9 2	p. 27 1959	hat I last saw the deceased
	occurred at 12:20 AM, fro	m the causes and	on the date stated above
direction of the second of the		S (Street, city or town, s	
SIGNATURE CHIMANA VS. HOYAN,	м.р. 2828-(Jonn. A	re, u.W.
PHYSICIAN'S Armand B. Gordon. M	·D Wa	5h.8.D	<u></u>
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LC	CATION (City, town, or	county) (State)
BURIAL 12-29-59 Adas Israel C	emetery Was	hington, D	C.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY RE		RAR'S SIGNATURE
B. Danzansky & Sons 3501 14th St., N.W.	DATE DEC 3	0 '59 av	Chur S. Kraus

O HOSPITAL CANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Ifter death may be retained by the haspital or attending physicion.

O FUNERAL DACCTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be the registrar prior to burial, crematian, or removal, and in any event within 72 hours ofter death. TO HOSPITAL O moy be reto TO FUNERAL D

VS A15 (4) 15M 9/58

* 4. tall end . and the state of the state of

ADDRESS

24b. REGISTRAR'S SIGNATURE

arthur S. Frank

24g. REC'D BY REGISTRAR

DATE DEC 2 2

23. FUNERAL DIRECTOR'S SIGNATURE

VS. A15ME(5)

5M 9/55

VS A15 (4) 15M 9/5B 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13965

CERTIFICATE OF DEATH

13927

	~0000	,	CERTII	IGAI	OI DEAT			Reg. Dis	it. No.	
1. PLACE OF DEATH a. COUNTY Montgomer	У		MARYL	11	usual residence (Wood STATE	here decease	d lived. If institution b. COUNTY	Mont		nission)
	If outside corporate lim	its, write	c. LENGTH OF STAY IN	V 1Ь	c. CITY OR TOWN (IF			JRAL ond g	give nearest to	own)
Poolesv	ille-Rural		2 yrs		Pooles	ville-	Rural			
OR INSTITUTION	TAL (If nat in haspital,		address)		d. STREET ADDRESS				10	RESIDENCE V A FARM?
	Nursing Ho			5.7					123	-
3. NAME OF DECEASED (Type or print)		rst Lnsto:	Middle	News	on last	4. DATE OF DEATH	Deser	4	Day	Year 19 5 9
5. SEX		7	HED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR IF UN	
Female	White	WIDOWI			igust 7-186	9	last birthdoy)	Months	Days Hou	urs Min.
10a. USUAL OCCUPATION	ON (Give kind of wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	e or foreign c	country)	12. CITIZ	ZEN OF WHA	T COUNTRY?
Housewife		"	At home		Illinois	1		U.S		
13. FATHER'S NAME			ALOMO	1.	. MOTHER'S MAIDEN			1000		
Dr Thomas					Caroline	Mumfor				ia II
15. WAS DECEASED EVE	ER IN U. S. ARMED FOI		SOCIAL SECURITY NO.	INFO	RMANT		Addı	ess		
(163, 110, Of Olixiowil)	No.	201 VICE,	None	Mre	Hugh Besher	ra. Pon	legwille.	ма		
18. CAUSE OF DE	ATH Enter only one of	ause per li			The Donates			MACA.	INTERVAL	BETWEEN
	ATH WAS CAUSED BY:	11	T	110	0				ONSET A	ND DEATH
. ~	IMMEDIATE CAUSE (1 1	ypould	UCC.	Dresma	a-lic			2.5	days
1.10 X	DUE TO	01	11.		-		1. 1			T/
Conditions, if		0) (7	ricino	ma	cous y	chero	Mesel		2-0	access th
gave rise to i		0			0 %	_ 0_	1 0		5	2.4.0.7
lying cause last.		0)	Lunn	Phon	Keffe	-6	cease		2	pocento
PART II. OT	HER SIGNIFICANT CON	NDITIONS C	CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	PER	AS AUTOPSY RFORMED?
20a. ACCIDENT W	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature of injury in	Part I or Par	rt II af item 18.}			
	MEDICAL EXAMINER)									
20c. TIME OF INJUI Hour a.m.	RY Manth, Day, Ye	ear 20d. II While at wor	Not while		OF INJURY (Hame, far, street, office bldg., et		y or town)	(C	Caunty)	(State)
21 40 416 4	المسال سننمساما ناب		od from Man	M	. 19 55. to D	20 0 5	10/-9	that I la		
4.00	hat I attended the	deceas	series es	1		Outside de			ist saw the	
alive on	14-6.7	7, 19	47_, and that a	death ac	curred at 1:30					ted abave
ACTUAL (P. 7	1	1			ADDKESS (S	street, city or tawn,	state)		ATE SIGNE
SIGNATURE	Tunc +	THUS	TEN	M.D	12	CALD	ann	عالا	£	
PHYSICIANS NAME (Type)	JOHN 1	3.	FAWCET	1	P.O.	Ba	yol.	Tus	myCo	und
22a. BURIAL, CREMATIC	ON. 22b. DATE THERE	OF	22c. NAME OF CEMET	ERY OR CE	FM ATORY	22d. LOCA	TION (City, town,	or county)	0 (State)
REMOVAL (Specify	12/8/		Cala-Tre T		e Funeral	Lo		//	out - 4	0 0
Cremation 23. FUNERAL DIRECTOR	O'C CICNIATIONE	-	ADDRESS	al.	Home	D BY REGIS	TRAP 245 DECI	STRAK'S SIC	Wash.	U. G.
IS. FUNERAL DIRECTOR	SIGNATURE	D	ADDRESS	n	1 1			Lun 8. 1		
Willami	S. Hellen.	DAI	mesulle.	1/10	Mask DATOE	C 8 '5'	y un	- A. I		

HOWERS STANDING DISMINES SOUTHERN Att. Face TO CHEST HOME the Marketter and the second of the second o And the state of t 1723 But help our with a party of the self-

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
offion,		139 ABDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 3928
200		1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY b. COUNTY
Page 4 sh buriot, Ch		b. CITY OR TOWN (If outside generate limits, write RUPL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
or to by		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
di di	X	Brookerle Rd YES NO
yaur yaur gistra		3. NAME OF First Middle Last 4. DATE Month Day Year OF DEATH Day 1959
the far		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years loat birthday) WIDOWED DIVORCED 7 - 20 - 1090 6.00 yrs. WIDOWED DIVORCED 7 - 20 - 1090 6.00 yrs.
od 3 to retaine 2 with		10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1, 2, or may be stand		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Doges S	I)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
Sive Page 1	1	[Yes, and or unknown] [If yes, give war or dotes of service] None Educard Necholan - Jersevery R-1 md
18. m P.M.		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conservation Co
Lin Item with far with sar		420.1 DUE TO
pencil i along w buriol-1		gave rise to immediate cause (a), stating the underlying cause last.
Office as a sed as a	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO W
d pendiner's		Rheumate fresh Closes (Enter nature of injury in Part II of item 1B.) 20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH.
the word licol Exam 3 shauld		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) While Nat while at wark at w
riting the Media of Media		21. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
icate, writtee Chief		DATE SIGNED
-	0	SIGNATURE JACUL JATICHOLT M.D. CHIEF MEDICAL EXAMINER
cute the c farworde O FUNERA or removo	de	EXAMINER'S FLANK J. Broschart DEPUTY MEDICAL EXAMINER 2 12-19-59 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State)
To Full	0	Burial Dec. 22 1959 Laytonsville Laytonsville Md.
/S. A15ME(5) 5M 9/55	By	23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS Laytonsville, Md DATE EC 2 3 '59 DATE EC 2 3 '59 DATE EC 2 3 '59

CERTIFICATE OF DEATH	L EXAMINER'S		
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	and the source		
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e: Live Totyeu		Wart St. oet	16.14
A STATE OF THE PARTY OF THE PAR	allivanotyna		

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13850

CERTIFICATE OF DEATH

Reg. Dist. No. 13929

	The state of the s		
	CE OF DEATH MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE LA b. COUNTY	ce before admission)
- R	CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 URAL and give nearest town) OR OME PAPK 6 Months	c. CITY OR TOWN (If outside corporate limits) write RURAL and a	give nearest town)
d. N	NAME OF HOSPITAL (If not in hospital, give street oddress) RESTITUTION CEdar Haven Rest Home	435 Morth Park Cive	e. IS RESIDENCE ON A FARM? YES NO
DEC	ME OF EASED EVA EMiddle	Partello 4. DATE Month OF DEATH DEC	Day Yeor 30 1959
5. SEX	male White WIDOWED DIVORCED	Nov. 23, 1873 St birthdoy) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
du	SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUstring gost of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CIT	ZEN OF WHAT COUNTRY?
13. FAT	Jacob Wiles	14. MOTHER'S MAIDEN NAME Anne Wiles	-Is of eq
	S DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	William C Jarvis	
d	PART I, DEATH (Enter only one couse per lipe for (o), (b), ond (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which	na of bowel	INTERVAL BETWEEN ONSET AND DEATH
Co	ouse (o), stoting the under- ying couse lost. DUE TO (c) Awith	etastasis	
CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
SOC (IE	G. ACCIDENT WAS UNDERLYING (CONTRIBUTING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMMER)	ED. (Enter noture of injury in Port I or Port II of item 18.)	
WEDICA 20c	E. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. Pl While Not while of work of work	LACE OF INJURY (Home, farm, 20f. (City or town) (Coctory, street, office bldg., etc.)	County) (Stote)
al AC SIG	THAT Philip & Jones	h occurred at DBPM, from the causes and on the ADDRESS (Street, city or town, state) M.D. 918 Cllswalth L	ost saw the deceased the date stated above. DATE SIGNED LIVE
220. BL	PRIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY'S	OR CREMATORY 22d. LOCATION City, town/or sportry)	(Stoje)
7	MOVAL Specify 1-4-60 COMMAN	24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	ed Me
1	el funde fine War	DATE JAN 4 '60 arthur &	

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			3	All Andrews
		The banks		AND SHOP OF SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP
Performance of the first two persons and could be seen as the could be s				NO MATERIAL PROPERTY.
		P. Carrier Service		
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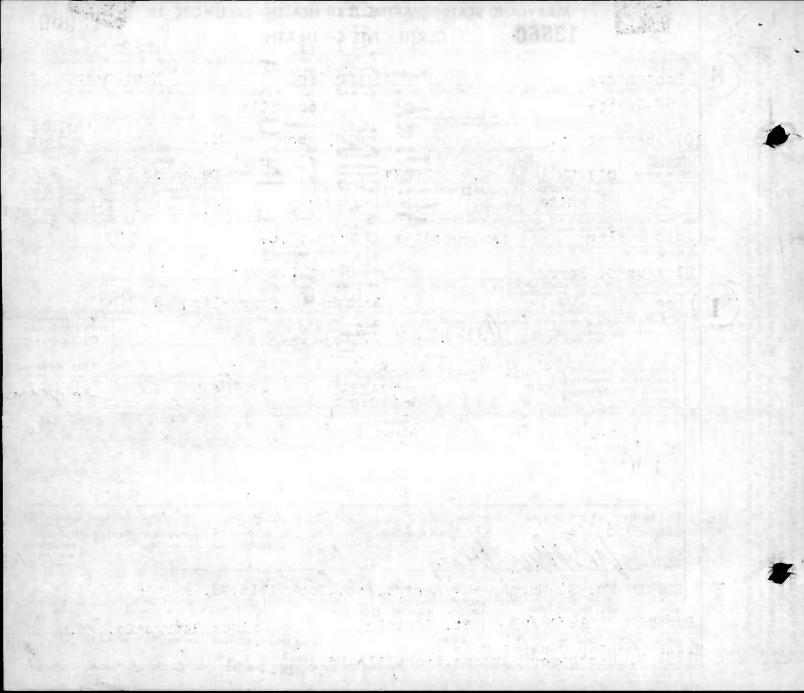
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13860

CERTIFICATE OF DEATH

15930 Reg. Dist. No.

	D. PLACE OF DEATH a. COUNTY Montgomery, MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) ROCKVIIIE	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 2 (Rockville
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION O7 Aberdeen Rd.	d. STREET ADDRESS 107 Aberdeen Rd. •. IS RESIDENCE ON A FARM? YES □ NO ☒
	R. NAME OF DECEASED (Type or print) OLIVER H. PERR	Last 4. DATE Manth Day Year OF DEATH December 23, 1959
	S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Jost Dirrinday) Manths Days Hours Min
	Oa. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Auto Dealer Automobiles	Wash., D.C. 12. CITIZEN OF WHAT COUNTRY? US
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Ulyssus G. Perry	Clara D. Dean
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or doles of service) YES WW 1	Dorothy M. Perry-Item# 2
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Power Day Da	INTERVAL BETWEEN ONSET AND DEATH // Liquin // Liquin
0.5	PHYSICIAN'S Wm. S Murphy -W. Montg	oth occurred atM, from the couses and on the date stated above. ADDRESS (Street, city ar/lawn, state) DATE SIGNED 12/24/ AVe., Rockville, Md. Y OR CREMATORY 22d. LOCATION (City, tawn, ar caunty) (State)
	Buryari Specify 12/26/59 Ft. Line	
1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
E	Yson Wheeler Funeral Home 1331 E. Montgomery Avenue Rocky	ille, Md. DATE DEC 28'59 Outbox S. Koma



SECONNY **MARYLAND** **ONTYONNY** **COUNTY** **COUNTY* *		10201	CERTIFIC	AIL OI DEA			Reg. Dist. No	o. 215
BURAL GOOD FORTH (Fine only one course per line for (a), (b), and (c)) BY ASSIGNATION (See In 1) A SOCIAL SECURITY NO. (Condition, if any, which gover rise to immediate to immediate (b), storing the sunder (c), storing th	n. PLACE OF DEATH a. COUNTY Montgomer	.	MARYLAND				in: Residence bef	fare admission)
Bethesda (Rural) An MAR OF HOSPITAL (If not in bopital, give street address) An MAR OF HOSPITAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street address) An NAME OF BOTTAL (If not in bopital, give street and give street address) An OF BOTTAL (If not in bopital, give street and give street address) An OF BOTTAL (If not in bopital, give street and give stree	b. CITY OR TOWN (If outside carporote limits, wr	c. LENGTH OF STAY IN 16			e limits, write RU	JRAL ond give no	earest town)
U.S. Navyal Hospital, Bethesda Md. 3813 Thornwood Boad YON A FARMY U.S. Navyal Hospital, Bethesda Md. 3813 Thornwood Boad YON A FARMY U.S. Navyal Hospital, Bethesda Md. 3813 Thornwood Boad YON A FARMY U.S. A COLOR OR RAFE First A COLOR OR RAFE NAME White U.S. Government			57 days	Hyattsvi	lle		1615	. 2
NAME OF BEEASED NAME O	OR INSTITUTION							e. IS RESIDENCE ON A FARM?
Albert Clarence PIERCE Spath December 19 19 59	U.S. Nava	l Hospital, B	ethesda Md.	3813 Tho	rnwood Bo	oad		YES NO X
Type or print Albert Clarence PIERCE Death December 19 19 59 AR	NAME OF	First	Middle	Last	4. DATE	Mont	th D	Day Year
Male White WIDOWED DIVORCED 6-22-14 Spit birthdop) yrs. Months Days Haurs Min. U.S. ACCUPATION (Give kind of work done of working intic, even if refired) U.S. GOVERNMENT 11. BIRTHPIACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S. NAVE U.S. ARMED FORCES? U.S. ACCUPATION (Give kind of work done of working life, even if refired) U.S. GOVERNMENT NOrth Carolina U.S. ARMED FORCES? U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. NORMANT Address Address U.S. & U.S.	(Type or print)	Albert	Clarence	PIERCE		Decemb		
Male White WIDOWED DINONCED 6-22-15 45 75. USUAL OCCUPATION (Give kind of work done of work done) 106. KIND of BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) U.S. MAYY ACHIEF NAME ALBERT NAME ALBERT PIERCE WAS DECRAFED FORCES? 16. SOCIAL SECURITY NO. (Wife) DOTOTHY M. PIERCE Same as #2 IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Retroperitoneal Liposcarcoma addomen PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Retroperitoneal Liposcarcoma addomen PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I (c) The PART II. of THE RIGHT (b) DOTOTHY M. PORT II. of THE RIGHT (c) THE RI	SEX	6. COLOR OR RACE 7. A	AARRIED 🔀 NEVER MARRIED 🗌	B. DATE OF BIRTH	9.			
U.S. Government North Carolina U.S.	Male	White WID	OWED DIVORCED	6-22-14			Mainins Days	Tiddis Willi.
U.S. Government North Carolina U.S. Albert PIERCE WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dotte of service) WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dotte of service) WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dotte of service) WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer or dotte of service) WAS DECEASED EVER IN U. S. ARMED FORCES? (Wife) Dorothy M. Pierce Same as #2 IB. CAUSE OF DEATH [Enier only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Retroperitoneal Liposcarcoma addomen ONSET AND DEATH 7 years ONSET AND DEATH 100 INTERNAL BITWERL BETWEEN INTER	during most of war	ON (Give kind of work dane	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (S	tate ar foreign caur	ntry)	12. CITIZEN C	OF WHAT COUNTRY
Albert PIERCE WAS DECEASED EVER IN U. S. ARMED FORCES? (M. S. SCIAL SECURITY NO. (Wife) Dorothy M. Pierce Same as #2 IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Retroperitoneal Liposcarcoma addomen PART I. DEATH WAS CAUSED BY: Retroperitoneal Liposcarcoma addomen ONSET AND DEATH TYPE OF THE PROPERIES (CO. CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED? YES NO. (CO. CONTRIBUTION CAUSE OF DEATH (C) ETHER, NOTIFY MEDICAL EXAMINER) 20c. ACCIDENT WAS UNDERLYING CONTRIBUTION COURRED (Enter nature of injury in Part I or Part II of item IB.) (FE ETHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Mannh, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part II or Part II of item IB.) (C) While Down of the Work of Wo	U.S. Navy	king me, even in remed)	U.S. Governmen	t North	Carolina		U.S	•
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Wife) Dorothy M. Pierce Same as #2 IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART II. DEATH WAS CAUSED BY: Retroperitoneal Liposcarcoma abdomen ONSET AND DEATH 7 years PART II. DEATH WAS CAUSED BY: Retroperitoneal Liposcarcoma abdomen ONSET AND DEATH 7 years On the couse (o), stoling the under: OUE TO Uying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO On ACCIDENT WAS UNDERLYING OUE DEATH OUE OF CONTRIBUTING CAUSE OF DEATH OUE OF CONTRIBUTION COURSED OUE OF CONTRIBUTION CAUSE OF DEATH OUE OF CONTRIBUTION COURSED OUE OF COURSED OUE OF CONTRIBUTION COURSED OUE OF CONTRIBUTION COURSED OUE OF CONTRIBUTION COURSED OUE OF COURSED OUE OF COURSED	. FATHER'S NAME			14. MOTHER'S MAIDE	NAME			
WAS DECEASED EVER IN U. S. ARMED FORCES? (Wife) 16. SOCIAL SECURITY NO. INFORMANT (Wife) Dorothy M. Pierce Same as #2 IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Retroperitoneal Liposcarcoma alidomen ONSET AND DEATH 7 years PART II. DEATH WAS CAUSED BY: Retroperitoneal Liposcarcoma alidomen ONSET AND DEATH 7 years DUE TO	Albert PTR	RCE		Sarah	CHAVES			
Wife Dorothy M. Pierce Same as #2	. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.			Addr	ess	
B. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c).	Yes, no, or unknown)	(It yes, give war or dates of service)	(Wife) Doroth	y M. Pier	rce Sam	e as #2	
PART I. DEATH WAS CAUSE BY Retroperitoneal Liposcarcoma abdomen 7 years ONST AND DEATH 7 years 7 years ONST AND DEATH 7 yea	TIR CAUSE OF DE	ATH [Enter only one cause of	er line for (a), (b), and (c).]					
DUE TO Conditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) POR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. DIRECTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT (IV) While Control of the MILE o					22.2		10	
Conditions, if any, which gave rise to immediate cause (a), stoting the under: DUE TO		IMMEDIATE CAUSE (a) 18	COLODEL LOOMERT	Tirboncar come	C. C. C. C. L.			J Come D
Conditions, if any, which gave rise to immediate cause (a), stoting the under: DUE TO	1971	DUE TO						
gave rise to immediate cause (a), stoting the <u>under-lying cause last.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO [20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) 20c. TIME OF INJURY Manth, Doy, Year While of work 19								
Cause (a), stoting the under lying cause last. Co								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO							1 - 1 -	
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CO		(c)						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year Haur a.m. 19	PART II. OTI	HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE T	ERMINAL DISEASE (CONDITION GIV	EN IN PART 1(a)	PERFORMEDY
Haur a. m. p. m. 19 While of work at while of work of foctory, street, office bldg., etc.) 21. I certify that I attended the deceased fram 23 October 1959, to 19 December, 1959 hat I last saw the decease alive an 19 December 1959, and that death accurred at 7:19P M, fram the causes and an the date stated above ADDRESS (Street, city ar town, state) ACTUAL SIGNATURE		CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature af injury	y in Part I ar Part I	l of item 1B.)		
21. I certify that I attended the deceased fram 23 October , 1959 , to 19 December, 1959 hat I last saw the deceased alive an 19 December , 1959 , and that death accurred at 7:19P M, fram the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE OF CEMETERY OF CREMATORY APPLICATION (City, tawn, ar caunty) PHYSICIAN'S NAME (Type) L.J. HINES LCDR MC USN U.S. Naval Hospital, Bethesda Md. 22d. LOCATION (City, tawn, ar caunty) REMOVAL (Specify) UTIAL OF CEMETERY OF CREMATORY Arlington National Arlington Va.	Hour a.m.	W	/hile Nat while			r tawn)	(Caunt	y) (Stot
alive an 19 December , 19 59 , and that death accurred at 7:19P M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE		nat Lattended the dec	eased from 23 Octob	per 1959 to	19 Decem	ber 10 59	hat I last so	aw the decease
ACTUAL SIGNATURE								
ACTUAL SIGNATURE J. J. HINES LCDR MC USN U.S. Naval Hospital, Bethesda Md. 12-21-5 PHYSICIAN'S L.J. HINES LCDR MC USN U.S. Naval Hospital, Bethesda Md. 2. BURIAL, CREMATION, REMOVAL (Specify) U.S. DATE THEREOF Arlington National Arlington Va. (Stote) Arlington Va.	alive an 12	TO COMPOSE	y, and that dea	in accurred at 1				
PHYSICIAN'S L.J. HINES ICDR MC USN U.S. Naval Hospital, Bethesda Md. BURIAL (Specify) U.S. Naval Hospital, Bethesda Md. 22b. DATE THEREOF 12-23-59 Arlington National Arlington Va.	ACTUAL	In.	1.94 in	II C M				
BURIAL, CREMATION, REMOVAL (Specify) Urial 226. NAME OF CEMETERY OR CREMATORY Arlington National Arlington Va.	SIGNATURE	Varia	A. Mines	M.D. U.D. Nav	at moshi	Cal, De CI	lesua Mu	. 12-21-
urial 12-23-59 Arlington National Arlington Va.	PHYSICIAN'S I	.J. HINES LCD	R MC USN	U.S. Nav	al Hospi	tal, Bet	thesda M	ld.
urial 12-23-59 Arlington National Arlington va.			22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATIO	ON (City, tawn, o	ar caunty)	(Stote)
	REMOVAL (Specify Burial	12-23-59	Arlington 1	National	Arli	ngton Va	а.	
	3. FUNERAL DIRECTOR	S SIGNATURE S	ADDRESS		REC'D BY REGISTRA	AR 24b. REGIS	STRAR'S SIGNAT	URE
7. Years 1 150 DEC 24 150	7. 100	sch 's 4730 Ra	Itimore Ave. Hv	attsville Md	DEC 2 4 '59	0-	Thun 8 4	

TO HOSPITAL SCR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death may be reputed by the hospital or attending physician.

TO FUNERAL PARECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 1SM 9/SB

after death. Page 4 the funeral director,

7/2=000/01/22/2 editioners and both to the control of the control of Commerce December 11 acide Commerce Com 0.3, March 87.4502-1.8 CHILL) LALTOUNT I. BEGINS "SELD US ME the state of the control of the state of the 4.188V. The state of the s U.S. Myng Hounday Lay In the English St. AND THE SECOND STATE OF THE SECOND SE A. 150 417 114 Proposit depoint of the state o

TO FUNERA

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13968

CERTIFICATE OF DEATH

13932 Reg. Dist. No

	20010									
1. PLACE OF DEATH 6. COUNTY Kensingt	Montgomery on Gardens		Home MARYL	ATS O		nere deceosed	lived. If institut b. COUNTY		efore adm	Ission)
b. CITY OR TOWN	(If outside corporate lim		c. LENGTH OF STAY IN	1 1b c. CIT	Y OR TOWN (If o	outside corpo	rote limits, write l	URAL ond give	nearest to	wn)
RURAL ond give Kensingt				W	ashington	n		47x	3	
d. NAME OF HOSP	ITAL (If not in hospital, o	give street	oddress)	d. STI	REET ADDRESS	-			e. 15 R	ESIDENCE
Kensington Gardens Rest Home			5:	236-44th	.St.	N.W.			A FARM?	
3. NAME OF	Fi		Middle	н	Lost	4. DATE	Moi	ath	Day	Yeor
(Type or print)	MABEL		I.	PUGH		OF DEATH		12,1959		19
5. SEX	6. COLOR OR RACE	7. MARR	IED TNEVER MARRIED	B. DATE OF	FBIRTH		9. AGE (In years lost birthday)	Months Day		
Female	White	WIDOWE	DIVORCED	□ July	29,1890		69 yrs.		3 11001	s min.
illo. USUAL OCCUPAT	ION (Give kind of work trking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY 11. B	RTHPLACE (Stote	or foreign co	ountry)	12. CITIZEN	OF WH	AT COUNTRY
Housewife				I	O.C.			U.S.	.A.	
13. FATHER'S NAME					THER'S MAIDEN N	NAME	11111111111			
Abner P.P	arker			?		F	rown			
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFORMAN	T		OC 11 Ado	lress		
[Yes, no or unknown]	(If yes, give wor or dates of	iervice)		Stanley	S.Pugh	52 Wa	36-44th.	St., N.	W •	
18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]			1				BETWEEN
PART 1. DE	ATH WAS CAUSED BY:	1	11/2-	An al	W61	o ma	//	0	NSET AN	D DEATH
3347	IMMEDIATE CAUSE (c		A CAPAL	ر حوال	7				10	- par
		X	-1. C.		1.1	nito	51-			
Conditions, if	immediate	-	mer De	nera	uged (me	morce	works	_	
couse (o), stoting	the under-	N		-0 4	6 -11.	0. 4	nito	1.1		
lying couse lost	- ' ')(esecs	al	LOCA	00	cocurre	rivers		
PART II. O	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT NOT RELAT	TED TO THE TERMI	A A	E CONDITION GI	VEN IN PART 1(0		FORMED?
3 lar	Lornes	ral	Jum	ハース	wer	nle	huma	M	YES] NO [X
OR CONTRIBUTIN	AS UNDERLYING CONTROL GCONTAGE GCONTAGE CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OC	CURRED. (Enter no	oture of injury in	Port I or Poy	Il of item 18.)			
	IRY Month, Doy, Ye	or 20d It	NJURY OCCURRED 2	Oe. PLACE OF IN.	IURY (Home, form	20f (City	or town)	(Coun	tul	(Stote)
20c. TIME OF INJU		While	Not while	foctory, street	, office bldg., etc.)	or town,	(00011	'71	(31016)
			k of work	-				da		
21. I certify	that I attended the	deceas	ed from	Ch. 19	59, ta / 6	2-1	2 , 195	Lithat I last	saw th	e decease
alive on	2-12	, 19_5	and that o	death accurre	d at / 101	M, fran	n the causes	and an the	date sta	ated abay
	000		,,	0			reet, city or town,			DATE SIGN
ACTUAL SIGNATURE	14:11	1	enso m	JAND 4	MIFON	1000	Vin St.	W.W.	12	-12-
PHYSICIAN'S	DDA.			7-4-	130	1	-7	2 1	~	
NAME (Type)	·P·HN	DBI	EWS		101	ish	engla	st V.	(,1	
	ON, 226. DATE THEREC	OF .	22c. NAME OF CEMET	ERY OR CREMATO	ORY .	22d. LOCA	TION (City, town,	or county)	(5)	ote)
REMOVAL (Specifical)	Dec.16,1	959	Parklaum C	emetery			illa Pik			
23. FAINERAL DIRECTO			ADDRESS C		240. REC'	D BY REGIST		STRAR'S SIGNA	TURE	1.300
NV bV	9	11/-	570) WW	consina	DEC	0 1 5 '59		Chur S. Kro	u.A	

Secretary and the	TE OF DEATH	CERTIFICA	مه. : ش معال: شارع معال: المعال: المعال	
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			en company	

STATE DEPARTMENT OF HEALTH -BALTIMORE, 18

Reg. Dist. No.

- 1		70202			keg. Dist. No.
	1. PLACE OF DEA a. COUNTY Montgo		MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE Pennsylvania	. If institution: Residence befare admission) b. COUNTY
-	b. CITY OR TO	NN (If outside corporate limitive nearest town)	ts, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate lie	nits, write RURAL and give nearest town)
	Bethes		205 days	Reading	75 × -3
50	OR INSTITUT		give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM YES NO
	3. NAME OF	inical Center,		501 Funston Avenue	
	DECEASED	Fire		Lost 4. DATE OF DEATH	Manth Day Yeor
	(Type or print) S. SEX		neth Robert	Manen ore	December 30 19 5
71.0		6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AG	E (In years IF UNDER 1 YEAR IF UNDER 24 H
	Male	White	WIDOWED DIVORCED	October 1, 1954	5 yrs.
-1	during mast o	PATION (Give kind of work of working life, even if retired)	done 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTE
	Child		None	Pennsylvania	U. S. A.
	13. FATHER'S NAM	E		14. MOTHER'S MAIDEN NAME	
	Kennetl	R. Resch. St	Pa .	Deris M. Kolewrock	
		DEVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	INFORMANT The Medical Rec	
13	(Yes, no, or unknown)	(If yes, give wor or dates of se		me Climical Center, Be	
		F DEATH Fester only one on	use per line for (o), (b), and (c).]	(man and an electrical and an	INTERVAL BETWEEN
		. DEATH WAS CAUSED BY:		actinol Hamamahama As	ONSET AND DEAT
		IMMEDIATE CAUSE (o	rassive Gastroint	estinal Hemorrhage, Ac	ute
	204	DUE TO			
		if ony, which) (b)	Acute Leukemia		6 Months
		to immediate DUE TO			
	lying cause)		
-	PART II	OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH 8U	T NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19. WAS AUTOP
d	CATI				YES IN NO
	Ĕ		not preceded their million occurre		
		IT WAS UNDERLYING 🗌	206. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Part I ar Part II of	item 18.)
	OR CONTRIBU	TING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in Part I ar Part II of	item 18.}
	OR CONTRIBU	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)			
		TING CAUSE OF DEATH DTIFY MEDICAL EXAMINER) NJURY Manth, Doy, Yea	or 20d. INJURY OCCURRED 20e. Pl	ED. (Enter noture of injury in Part I ar Part II of LACE OF INJURY (Home, farm, 20f. (City or too bodory, street, office bldg., etc.)	

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haury ofter death. Page 4 may be referred by the harving on attending shorings.

VS A1S (4) 1SM 9/SB

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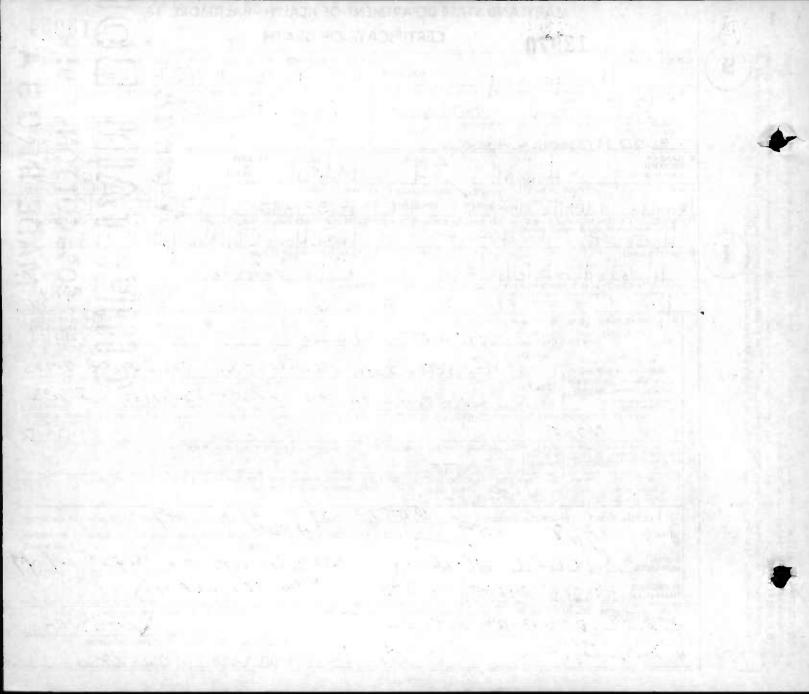
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VS A15 (4) 15M 9/5B

13934

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No.

	PLACE OF DEATH O. COUNTY MONTGOMPRY	MARYLAND	2. USUAL RESIDENCE	(Where deceased live	b. OUNTY	ence before admission)
		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate	limits, write RURAL ond	give nearest lown)
	RURAL only give nearest lown) CNSING TON	Ortober 301959	la Ash	Naton, D	.C.	47X-3
	d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION	ddress) Gardens	d. STREET ADDRES			e. IS RESIDENCE ON A FARM?
	A	SUL				YES NO
3.	NAME OF First	Middle	Last	4. DATE OF	Month	Day Year
	(Type or print) HANNAh	, +	TobiNS	DEATH	12	10 1950
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9. 4	GE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
H	emale White WIDOWED		1-13-18	340	69 yrs.	Days Haurs Min.
10c	 USUAL OCCUPATION (Give kind af wark dane during mast af working-life, even if retired) 	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign countr	y) 12.CI	TIZEN OF WHAT COUNTRY
	Housewite		New Yo	rk Lity, 1	Jaw York	USA
13.	FATHER'S NAME	- 1 1	14. MOTHER'S MAID	ENNAME		
	Hlexander Eichw	Ald	Celia	reirste	IV	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. St	OCIAL SECURITY NO.	VFORMANT	G1 / 1	Address	IT ST, N.W.
	No	: 1/6	tris Koins	5 Husband	/ WAS	ingTON, D.C
1	18. CAUSE OF DEATH [Enter only one couse per line	. /	· ·			ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	HEART 1	AILURE			SDAYS
	1/0 × DUE TO	a made a min		C. There is a	000. 7au	8-9mas
	Conditions, if ony, which gove rise to immediate (b)	ENEROLIZE	D METIS	STATIC	CAREN CY	10 1.000
	cause (o), stoting the under-	PREINON	en inc	LEGT	BRONSO	- 24PS
z	PART II. OTHER SIGNIFICANT CONDITIONS CO					
CATIO	NONE	NIKIBUTING TO BEATH BUT	NOI REDATED TO THE I	ERMINAL DISEASE CC	INDITION GIVEN IN PA	PERFORMED? YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYING	RIBE HOW INJURY OCCURRED	D. (Enter noture of injur	y in Part I or Port II o	f item 1B.)	
N S		JURY OCCURRED 20e. PL	ACE OF INJURY (Home,	form, 20f. (City ar t	own)	(County) (State)
MEDI	Hour a. m. p. m. 19 While of work	I AGI WIII E	tory, street, office bldg.	, etc.)		
	21. I certify that I attended the decease	d from UCT	12 1057 to	12/10	105 That 11	ast saw the deceased
	alive on /2/8 19.5	-/-	accurred at 4	52PM from the		ne date stated above
	21/	, dild inter dealing	decorred dilling		city or lown, state)	DATE SIGNE
	SIGNATURE Cold	Herly	M.D. 1352	UNIVER:	SITY BL	D 14/0/
	PHYSICIAN'S HAROLD STERE	ING-19:0	My	7775416	(EMI)	
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL DEC. 13,1919	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION	(City, lown, or county)	EW YORKY
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /// DI	240.	REC'D BY REGISTRAR	24b. REGISTRAR'S S	IGNATURE
	B. Donafusty & Homo	3501-14 PL	DATE	DEC 1 4 '59	ariling	S. Kraug



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EPUTT PARDICAL EXAMINER: Into certificate shauld be executed within 24 haurs after death. It any delays, s necessary, please e	e the ficate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of Poor. Page 4 should	warders the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your	UNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File-pages 1 and 2 with the registrar prior ta burial, cremati
in a	0	3	S

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ian,		1397 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 139
. cremati	M)	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) G. STATE M. D. COUNTY Montg
burial		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) ond give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
prior to	X	d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) 10419 Manuakee St 10419 Manuakee YES \(\) NO
your		3. NAME OF DECEASED (Type or print) NOTE BOYLU ROCKE 4. DATE Month Day Year OF DEATH 7 19 5
th the r		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years 1F UNDER 1YEAR F UNDER 24 F
nd 2 wi		10a/USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign country)
ges 1 a		13. FATHER'S NAME Wichael Barry (ley) Buckley
File po	I)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? I/o. SOCIAL SECURITY NO. 17 INFORMANT III yes, give wor or dates of services III yes, give wor or dates of serv
permit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Middle
l-transi		Conditions, if ony, which (b) (b)
e along a buria		(o), storing the underlying DUE TO couse lost. (c)
used as	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES NO
be		20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH.
3 8		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) While Not while of work at work at work 19 at
2 3		21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find to death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined cause
DIRECTOR:		ACTUAL SIGNATURE AGUS 1. Brischart M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
- A	2	EXAMINER'S FLANK J. Broschart DEPUTY MEDICAL EXAMINER X 12-7-57

22c. NAME OF CEMETERY OR CREMATORY

REMOVAL (Specify) 12-10-59 Mt Olivet

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Limithy Hanlon - 3831-GA. Avent W DATE

22d. LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATUREA

(State)

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VS. A15ME(5) 5M 9/55

220. BURIAL, CREMATION, 22b. DATE THEREOF

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F. 1. 74		Service of the				property.
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1972 CERTIFICATE OF DEATH THE STATE OF THE S ALFERT GARRETO KOLFE - Decomber & Total TV HOLD TO THE BOOK OF THE STATE OF THE STAT A P. H. SALLEY CONTROL TO A CONTROL OF THE PARTY OF THE P Marian Broad A Thinks It were on the Basel To the The second of th CHARLES EVEN CONTRACTOR

13072

CERTIFICATE OF DEATH

13938

20010	Reg. Dist. No.				
1. PLACE OF DEATH a. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Montgomery				
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bethesda	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Bethesda**				
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 4025 Jones Bridge Rd.	d. STREET ADDRESS 4025 Jones Bridge Rd. e. IS RESIDENCE ON A FARM? YES \(\sigma \) NO \(\frac{1}{2} \)				
3. NAME OF DECEASED (Type or print) BLANCHE S. RO	OUNDS 4. DATE Month Day Year OF DEATH DEC. 18, 1959				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH Dec. 14, 1874 9. AGE (In years last birthdoy) 85 yrs. BIF UNDER 1 YEAR IF UNDER 24 HF UNDER 25				
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired) Homemaker	Richford, Vermont U. S.				
13. FATHER'S NAME Frank C. Sears	14. MOTHER'S MAIDEN NAME Addie Powell				
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	NFORMANT Address s. Henry Bloom-daughter- same as 2d				
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	entenio polernio and interval between				
Canditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse last.	least Jailine				
Elimie bronchigal as	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES \(\text{NO.} \) NO.				
20g., ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)				
	ACE OF INJURY (Hame, form, 20f. (City ar town) (County) (Stot ctory, street, office bldg., etc.)				
21. I certify that I attended the deceased fram. Sept 19 alive an Deg 18, 19 9, and that death SIGNATURE AND MENT MENT SIGNATURE PHYSICIAN'S SALL HALL STORMS	ADDRESS (Street, city or town, stote) DATE SIGNI M.D. DATE SIGNI				
220. BURIAL, CREMATION, 22b. DATE THEREOF Cremation 12/21/59 Cremation 12/21/59 Cremation 12/21/59	<u> </u>				
23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey Bethesda, Ma	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				

D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou may be retained by the haspital or attending physician.

D FUNERAL CRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the registrar priar to burial, cremation, ar remaval, and in any event withing 7 hours after death. TO HOSPITAL may be re TO FUNERAL

functed director,

fer death. Page 4

VS A15 (4) 15M 9/5B

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VS A15 (4) 1SM 9/S8

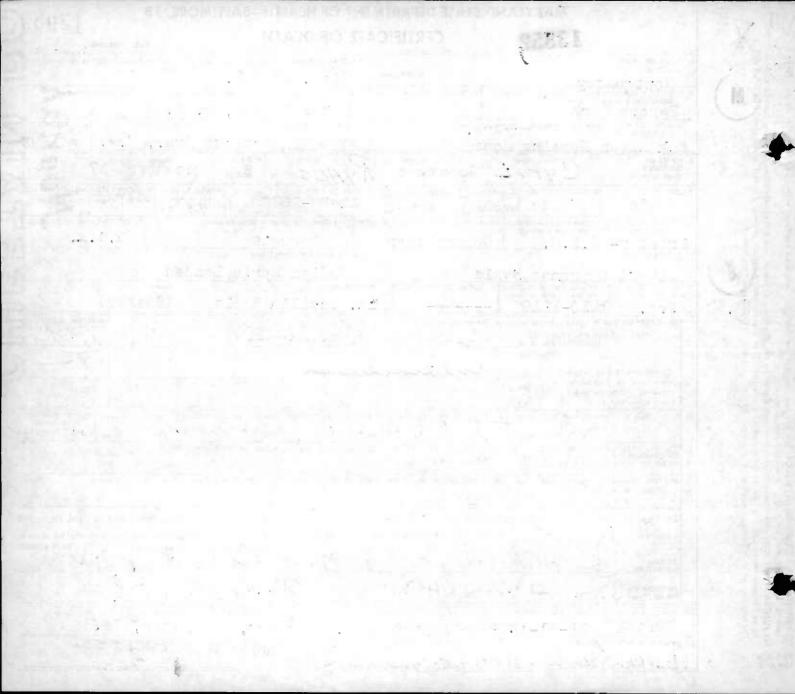
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13852 CERTIFICA

CERTIFICATE OF DEATH

13939

70095			R	leg. Dist. No.
1. PLACE OF DEATH 6. COUNTY Montromery	MARYLAND	2. USUAL RESIDENCE (Where a. STATE Dist. of	e deceased lived. If institution: DOL. B. COUNTY	Residence befare admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Takoma Park	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	side carporate limits, write RUR.	AL and give nearest tawn)
d. NAME OF HOSPITAL I not in Applied give street		d. STREET ADDRESS	cticut Ave.,	O. IS RESIDENCE ON A FARM? YES NO X
Oak Haven Nursing Hom	e			14. M. 152 140 N
3. NAME OF DECEASED (Type or print)	Lawrence (RYALS	DEATH Decemb	er 1 ⁹ 9 Year
s. sex Male 6. color or race White Widows	THE THE MARKIED ES	8. DATE OF BIRTH 11-23-1886		UNDER 1 YEAR IF UNDER 24 HRS. Aonths Days Haurs Min,
10a. USUAL OCCUPATION (Give kind of wark dane 10b. during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or	fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
Printer- G.P.O. C	omposition	Georgia		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Albert Lawrence Ryal	S	Judith Mai	ria Lennan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 1918-1919 -		nformant rss. Cecilia 1	Address Ryals (Si	ster)
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 332 DUE TO Conditions, if ony, which gave rise to immediate cause (o), stating the under-lying couse last. (c)	ne for (o), (b), and (c).] Cerel al	The in		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	ALDISEASE CONDITION GIVEN	19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Par	rt I or Port II af item 18.)	
7 20c. TIME OF INJURY Manth, Day, Year 20d. II Haur o. m. 19 While of war	Nat while fac	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or tawn)	(Caunty) (State)
21. I certify that Lattended the deceas alive on 19. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	P 12		/	at I last saw the deceased an the date stated above plate SIGNED
22a. BURIAL, CREMATION, REMOVAL (Specify) 12-21-1959	22c. NAME OF CEMETERY O	R CREMATORY 22 atl. Cemeter	2d. LOCATION (City, tawn, are	
23. EUNERAL DIRECTOR'S SIGNATURE Som	ADDRESS 1756-	Pa. and 240. REC'DE		



may be retained by the haspital ar attending physician.

O FUNERAL ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shaula be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

may be retain TO FUNERAL

VS A1S (4) 15M 10/S7

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

050

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13974

CERTIFICATE OF DEATH

13940

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomer	v		MAR	YLAND	2. USUAL RESIGNATE O. STATE Virgi		ere decease	d lived. If inst b. COUI		idence bef	are admi	ssian)
	If autside carparate limit	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR 1	TOWN (If or	utside carpo	orate limits, wri	te RURAL o	and give no	earest fov	vn)
Bethesda	euresi iowiij		76 days		Newpo	rt Ne	WS		82 x	-		
d. NAME OF HOSPI	TAL (If not in haspital, g	ve street			d. STREET A	DORESS						SIDENCE A FARM?
	cal Center.	Bet	hesda 14.	Md.	502 H	ickor	v Dri	ve				NO 🖸
3. NAME OF	Fire		Middle		Los		4. DATE		Manth	D	oy	Year
(Type or print)	Will	iam	(None)	Sacke	r	DEATH	Dec	ember	. 6		1959
5. SEX	6. COLOR OR RACE	7. MARI	RIED T NEVER MARR	IED 🔲	B. DATE OF BIRTH	н	-11	9. AGE (In ye			_	DER 24 HRS.
Male	White	WIDOW	ED DIVORCE	ED 🔲	May 25,	1898		lost birthdo	yrs. Mont	hs Days	Hours	Min.
100. USUAL OCCUPATION	ON (Give kind of work of	lane 10b.	KIND OF BUSINESS	OR INDU			ar fareign a	country)	12.	CITIZEN	OF WHA	TCOUNTRY
	king life, even if retired) se Manager		partment S	tore	Aus	tria				U. S	. A.	
13. FATHER'S NAME		142.50	Dar Omorro	002.0	14. MOTHER'S	MAIDEN N	AME					
Max Sacke	ייך				Anna	Klein	house					
NS. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	D. 17.					Address			
No	(If yes, give war or dates of se		23-09-3569		Clinica				12 7/1	Marr	vlan	7
	ATH [Enter only one co					T 0011	0019	DCOLLODO	249			ETWEEN
	TH WAS CAUSED BY:	Sh	lock	.1						10	SET AN	D DEATH
200.0	IMMEDIATE CAUSE (a)	131	IOCK								8 ho	urs
	DUE TO											
Canditions, if a	mmediate	AC	ute Leuken	na								
couse (a), stating) DITE TO				4.0							
lying cause last.) (c)		ticulum Ce									
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	ATH BUT	T NOT RELATED TO	THETERMI	NAL DISEAS	SE CONDITION	GIVEN IN	PART 1(a)	PERF	ORMED?
5 A C C C C C C C C C C C C C C C C C C	** *** *** *** ***	201 255	COURT HOUSE IN THE STATE OF	2001122	-			4 H - C'A 3D			YES IX] NO [
G (IF EITHER, NOTIFY	AS UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER)	ZVD. DES	CRIBE HOW INJURY (CCURRE	tD. (Enfer noture 0	r injury in r	art I or Pa	rt II Or Hem 16.				
20c. TIME OF INJUI Hour o. m.	RY Manth, Day, Yea	While	NJURY OCCURRED Nat while at wark	20e. Pl	LACE OF INJURY (octary, street, office	Home, form, bldg., etc.	, 20f. (Cit	y or town)		(County)	(Stote)
21 1 certify th	nat I attended the	decens	ed from Sent	embe	n 271059	to De	camba	r 6 100	O that	t I last	raw the	docease
olive on Dec			9, ond that									
Olive Oli_Lago	emier-	-, 12-4	Z, ond ma	Gedii	T OCCUTTED OF			treet, city or to		n me di		ATE SIGNE
ACTUAL SIGNATURE	autun	19	Thurs		M.D. The C					12-	6-59	
PHYSICIAN'S NAME (Type)	ARTHUR R.	ROTH	MAN, M.D.	•				utes of		Lth		
220. BURIAL, GREMATIC REMOVAL (Specify BURIAL)	12-8-59	F	22c. NAME OF CEM	METERY C				TION (gity, tow		no no	(Sto	ite)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	. 1	1	24a. REC'C	BY REGIS	TRAR 24b. R	EGISTRAR'S	SIGNATI	JRE	
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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the chificate, writing the ward "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the favor, director. Page 4 should awarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain for your files.

TO FUNERAL WRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death. 10

Q 7 Q 5 Vs. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13975 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13941

Reg. Dist. No.

	1, 1	PLACE OF DEATH	ntgomerv		MARYLAND	2. USUAL RE		Where deceased	lived. If institut			e odmission)
	Ь	ond give negrest town)	outside corporate limits, write	FURAL	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (II	f outside corpoi	ote limits, write			- J
	_	Bethes				X		hesda				
	d		hase Ave		spitol, give street oddress)	d. STREET		2 Chas	e Aven	ie.		ON A FARM? YES NO X
	- 1	NAME OF DECEASED	Fin		Middle	lo	st	4. DATE OF	Month		Doy	Yeor
		Type or print)	EDWI			ACKETT		DEATH	Dec.		5	1959
	5. S	Male	White	7. MARRI WIDOWE	ED NEVER MARRIED DIVORCED	Sept.		1896	AGE (In years lost birthday) 63 yrs.	Months E		F UNDER 24 HRS. Hours Min.
	10a.		N (Give kind of work of life, even if retired)		KIND OF BUSINESS OR INDUS			city,	ntry)	12. CITIZ		WHAT COUNTRY?
	13	FATHER'S NAME	L		MITEL					1 03		
	13.	Maurice	Sackett			Lil		Beave	r			
	15.		R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT TA	life		Address			
		No	(If yes, give war or dates of t		les-Unknown			ckett	Sam	e as	Ite	m #2
		PART I. DEATI	H [Enter only one county was CAUSED 8Y: MMEDIATE CAUSE (o)	se per line	for (o), (b), ond (c).] Coronary oc	clusio	n				ONSET A	and dead
		420.1	DUE TO							11 300	on	bedroom
		Conditions, if on	y, which) (b)									loor
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		(a), stating the u	nderlying (c)									
	Z			DITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE C	ONDITION GIVE	N IN PART	1(0) 19.	WAS AUTOPSY
0	CATI											PERFORMED?
	CERTIFICATION	20g. EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH.	SE WAS TRIBUTING [] 20	b. DESCRIB	E HOW INJURY OCCURRED. (Enter noture of i	njury in Par	t I or Part II of	item 18.)			
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yeo	Whil		CE OF INJURY tory, street, office	(Home, form e bldg., etc.	n, 20f. (City or	lown)	(Coun	ity)	(Stote)
		21. I certify the	ot I took chorge	of the	remoins described abo	ove, held ar	Autops	y 🔲, Ins	pection X,	Inquiry	XI.	and in my
		opinion death r	resulted fram: N	Natural :	causes X. Accident	, Suicid	le [], 1	Homicide []. Undeter	mined m	onner	
	o	ACTUAL SIGNATURE	trans of	- 1:	Browhaut	M.D. CHIEF	MEDICAL EX	(AMINER [ε	DATE SIGNED
2		EXAMINER'S NAME (Type) F	rank J.	Bros	chart			AL EXAMINER [EXAMINER		12/	5/5	9
	220	BURIAL, CREMATION	N. 22b. DATE THEREO	F	22c. NAME OF CEMETERY OF	CREMATORY		22d. LOCATIO	N (City, town, o	r county)		(Stote)
]	REMOVAL (Specify) Burial	12-9-59		Cedar Hill	Cemete	ry	Princ	e Geor	ge Co	٥.,	Md.
	-	FUNERAL DIRECTOR'S			ADDRESS		-	D BY REGISTRA	The state of the s			
	K	OBERT A.	PUMPHREY		Bethesda, M	J.	DATEDE	C 8 '59	ani	hun S. A	Trava	

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY O. STATE MARYLAND b. CITY OR TOWN Ill outside corporale limits, write RURA c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) 0 ctor. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give steet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle Day Yeor funeral OF (Type or print) DEATH 1957 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday Months Days Hours WIDOWED | DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME poges S Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Give 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUF TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY OS CATION PERFORMED? NO D 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) CAUSE OF DEATH. Exami phoods MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) While o. m. Not while at work ot work p. m. writing 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection A Inquiry X, and find that death resulted from: Natural causes IX. Accident | Suicide | Homicide | Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUT O FUNER Shosehant cute the DEPUTY MEDICAL EXAMINER forward NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATEDEC 2 3 Crimy & Kneep 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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13977 CERTIFIC

CERTIFICATE OF DEATH

Reg. Dist. No.

13943

	Keg. 1						Keg. Disi	it. No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (WI	nere deceased	lived. If institut	ion: Residence	before admiss	ion)
Montgome	ery		MARYLAND	District of	of Colu				V
b. CITY OR TOWN RURAL and give	(If outside corporate limits,	write c. L	ENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corpor	ote limits, write l	RURAL ond gi	ve nearest fown	1)
Bethesda	3		3 days	Washington	1	4	17 X - 3	3	
d. NAME OF HOSE	PITAL (If not in hospital, give	street oddre	255)	d. STREET ADDRESS	113			e. IS RES	IDENCE FARM?
	nical Center,			3216 Reser	voir F	Road. N.	W		NO D
NAME OF DECEASED	First		Middle	Last	4. DATE	Moi	nth	Day	Yeor
(Type ar print)	Marga	ret	(None)	Sawyer	DEATH	Decemi	ber	17	1959
SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UNDE	
Female	White w	IDOWED [DIVORCED	December 16.	1891	last birthdoy) 68 yrs.	Months [Doys Hours	Min,
. USUAL OCCUPAT	ION (Give kind of work don	e 10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign co		12. CITIZ	ZEN OF WHAT	COUNTR
Nutritio	orking life, even if reffred)	-	d Cross	Illinois			TT	C A	
B. FATHER'S NAME	01110	1,000	2 01033	14. MOTHER'S MAIDEN			10	. S. A.	
Albert I	B. Sawyer			Fannie War	1-77				
S. WAS DECEASED EN	ER IN U. S. ARMED FORCES	57 16. SOCI	AL SECURITY NO. 17.	INFORMANT The Med	uall T	Roama Add	ress		
(Yes, no, or unknown)	If yes, give war or dates of service	(e)	mt a in ab 7 - Mb	The Med	ilcal h	ecord			
	raws for a	unasce	er ratuant 611	e Clinical Ce	nter,	Bethesd	3 1/4	Marylan	
	EATH [Enter only one couse EATH WAS CAUSED BY:							ONSET AND	DEATH
MAX	IMMEDIATE CAUSE (o)	Carc	inomatosis						
1,101	DUE TO	- 10							
Conditions, if		Carc	inoma of the	e breast				2 ye	ars
gove rise to couse (a), stating									
lying cause lost									
PART II. O 200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDIT	IONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART	PERFO	RMED?
200. ACCIDENT W	VAS UNDERLYING 200 G CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part	II of item 18.)			
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20c, TIME OF INJU		While		ACE OF INJURY (Home, farm ctory, street, office bldg., etc		or town)	(Co	ounty)	(Stote)
p. m.	19		at work						
21. I certify t	that I attended the de	eceased f	rom December	14, 19.59, to De	cember	17. 19.50	that I la	st saw the	decease
ofive on_De		19.59	ond that death	occurred at 5:45	PM. from	the couses of	and on the	dote state	d abay
V	1 10	1				eet, city or town,			ATE SIGNI
ACTUAL	uhiel 1	Mull	aure	M.D. The Clinic	al Con	ton		- 1 - 1	59
						tes of I	77-1		
PHYSICIAN'S R	ichard C. Mec	hanic	M.D.				leartn		
	ON, 22b. DATE THEREOF		HAME OF CTUETORY O	Rothesda 1					
Crematio	0 5		. NAME OF CEMETERY C		10.00	ION (City, town,		(Stote	
		9591C	edar Hill	Crematory		land, I			Land
3. FUNERAL DIRECTO	R'S SIGNATURE	- 1	ADDRESS	1	D BY REGISTR		STRAR'S SIGN	4.4	
You ble	1 / 101111110	JAN.	Dona) M	ASH AC DATE D	FC 2 1 15	9 1 0	other 8	Traus	

after death. Page 4 ne funeral director, should be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs **PEUNERA**RECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 showly be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I an the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL may be re-VS A15 (4) 1SM 10/57

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WAS AUTOPSY

PERFORMED? YES NOT

		13978	CERT	IFICA	TE OF DEATH	Н		Reg. Dist.		JAM
No.	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery								
should be filed with	b. CITY OR TOWN RURAL and give	(If outside corporate limits,	write c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF	outside corpor y Cha		IRAL and give	nearest law	n)
2 shou	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give			d. STREET ADDRESS 7100 Ridg	ewood	Road		ON	SIDENCE A FARM?
Pages 1 an	3. NAME OF DECEASED (Type or print)	First Joy	Middl M	•	Schmitt	4. DATE OF DEATH	Mont De C		Day 6	Year 19 59
	5. SEX Female		MARRIED NEVER MARE		6/28/1888		9. AGE (In years lost birthday) 71 yrs.	Menths Do		1
death.	10a. USUAL OCCUPAT during most of we School	ION (Give kind of work donorking life, even if retired) Teacher	Retired	OR INDUST	RY 11. BIRTHPLACE (Stole Wash	or foreign co	n D. C.		S.	T COUNTRY
s after	13. FATHER'S NAME ALE	red P. Mars	ton		14. MOTHER'S MAIDEN I		Sulliv	an		
72 hours	15. WAS DECEASED EN (Yes, no. or unknown)	VER IN U. S. ARMED FORCE:	None		formant dwin A. Sc	hmitt	Addr husban		e as	2d
Then please r		EATH [Enter only one cause EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c						INTERVAL BONSET AND	
in any ev	Conditions, if gave rise to cause (o), statin	any, which (b)_	Bronchogenic	CETO	inoma of lef	t lung			l ye	ar

CERTIFICATION

MEDICAL

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day. 20d. INJURY OCCURRED 0. ft

Not while at work of work

20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) foctory, street, office bldg., etc.)

(County)

(Stote)

. 19 58, to December 6, 19 59, that I last saw the deceased 21. I certify that I attended the deceased from May 26 and that death occurred at 11:10AM, from the causes and on the date stated above. glive on Decemb ADDRESS (Street, city or town, state) DATE SIGNED

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19.

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

5009 Del Ray Ave Betheads

22b. DATE THEREOF 220. BURIAL CREMATION. Burlal

p. m.

22c. NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery 22d. LOCATION (City, town, or county)

(State)

23. FUNERAL DIRECTOR'S SIGNATURE Pumphrey

ADDRESS Bethesda, Maryland

240. REC'D BY REGISTRAR DATE DEC 8

24b. REGISTRAR'S SIGNATURE

the registrar priar to burial, crematian, ar removal, TO FUNERA VS A15 (4)

After this certificate has been s as the burial-transit

RCTOR: After this ce

requires that the death certificate be executed within 24 hours after death. Page

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13980

CERTIFICATE OF DEATH

		CERTITIO	AIL OI DE	*****		Reg. Dist. N	lo.
1. PLACE OF DEATH o. COUNTY MONTGOMERY		MARYLAND	2. USUAL RESIDENCE O. STATE MA	E (Where decease RYLAND		n: Residence be	
b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town) SANDY SPRING	s, write	8 hrs.	1 61	N (If outside corpo	orate limits, write RU	RAL and give r	nearest town)
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION MONTGOMERY	COUN	oddress) TY GENERAL AL	d. STREET ADDR	VERLY RO	AD	18	e. IS RESIDENC ON A FARM YES NO
3. NAME OF First DECEASED (Type or print) EUGEN	it	Middle WILEY	SCOTT	4. DATE OF DEATH	Mont		Day Year 1959
S. SEX MALE 6. COLOR OR RACE WHITE	7. MARR	IED MEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 3/17/86		9. AGE (In years last birthday) 73 yrs.	Months Days	AR IF UNDER 24 H
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	De la	pt. of Agricu	STRY 11. BIRTHPLACE	(State or foreign o	country)		S.A.
LEVY M. SCOTT			14. MOTHER'S MAI	EDMONDSC	N		7 15
1S. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no, or unknown) YES (If yes, give wor or dates of se	ervice)	social security No.	INFORMANT S. Betsy H.		4105 Beve Rockville	rly Rd.	
PART I. DEATH Enter only one compared to the part of t	>	spopley inbels 10	in The rellete , early		ton desir	OI	Syn yu 2 yu
PART II. OTHER SIGNIFICANT CONE 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBU						N IN PART 1(a)	19. WAS AUTOP PERFORMED? YES NO
	20b, DESC	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of inju	ry in Part I or Pa	rt II of item 1B.)		
20c. TIME OF INJURY Manth, Day, Yea Hour a.m. p.m.	While		ACE OF INJURY (Hame actory, street, office bld		y or town)	(Caunt	y) (Sto
21. I certify that I attended the alive an ACTUAL SIGNATURE AS NAME (Type) HIDIOS	7		, 19,3-9, to n occurred at 2'.	YJPM, from		an the da	te stated aba DATE SIGN
22a. BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify) 12/7/59	F	22c. NAME OF CEMETERY C			TION (City, tawn, or		(State) MARYLAND
23. FUNERA DIRECTOR'S EIGHTUSE EY RAYMOND A ZIKA	INC.	SOFESER SPRI		. REC'D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGNAT	URE

073

the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be refulled by the haspital ar attending physician.

TO FUNERAR VECTOR: After this certificate has been signed by the attending physician and completely filled they the funeral director.

VS A1S (4) 1SM 9/SB

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22c. NAME OF CEMETERY OR CREMATORY

Hines

Prospect Hill Cemetery Washington

ADDRESS 2961-14451, M. 240. REC'D BY REGISTRAR S CO. DYWASHING TO THE DEC 3 '59

22d. LOCATION (City, town, or county)

'59

24b. REGISTRAR'S SIGNATURE

arilary & Kraus

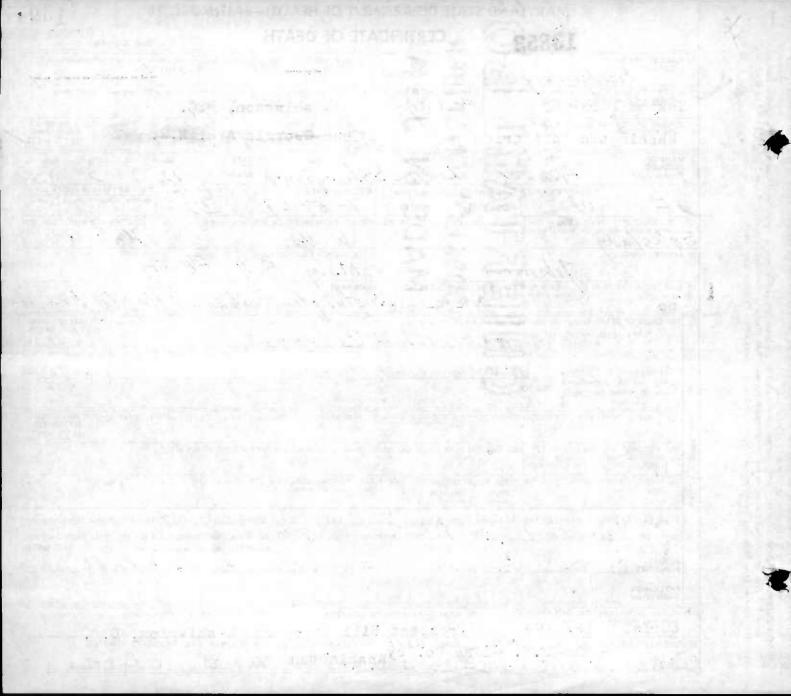
(Stote)

0 VS A15 (4) 15M 9/5B

NAME (Type) 220. BURIAL CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF



CERTIFICATE OF DEATH

Rea Dist No

outside corporate limit rest town) L (If not in hospital, g. al Center, Firs Edward 6. COLOR OR RACE White 1. (Give kind of wark of g. life, even if retired) st IN U. S. ARMED FOR(yes, give war or doles of se W II M [Enter only one contained to the contained of se W AS CAUSED 8Y: MMEDIATE CAUSE (a) DUE TO y, which mediate	st (No midd: 7. MARRIED NEVER M. WIDOWED DIVO Bone 10b. KIND OF SUSINE GOVERNMENT CES? 16. SOCIAL SECURITY None use per line for (a), (b), and Toxemia and	Md. Md. Md. Md. Md. Md. Modelle name Le name LARRIED 8 ORCED 8 ORCED 10 ESS OR INDUST ENT The d (c).] Septic	c. CITY OR TOWN (If outside Alexandri d. STREET ADDRESS 3224 Mart Lost 4. D Siff 8. DATE OF BIRTH 4 January 1914 STRY 11. BIRTHPLACE (Stote or fore Maryland 14. MOTHER'S MAIDEN NAME Lena Levi NFORMANT The Medica e Clinical Cente	b. COUNT corporate limits, write R ha Curtis ATE MARKET	Alexander RURAL and give ne S3 x - 3 Drive Anoth De	e. Is RESIDENCE ON A FARM? YES ON POOR NOTE: 19 59 R IF UNDER 24 HRS Haurs Min. F WHAT COUNTRY S.A.
L (If not in hospital, g. al Center, Firs Edward 6. COLOR OR RACE White 1 (Give kind of work of ng life, even if retired) St IN U. S. ARMED FOR(yes, give wor or doles of se W II M (Enter only one contained) DUE TO y, which mediate (b)	Bethesda 14, st	Md. Md. Md. Iddle Le name LARRIED 8 DRCED 8 ESS OR INDUST ENT Y NO. IN The d (c).]	Alexandri d. STREET ADDRESS 3224 Mart Lost Siff 8. DATE OF SIRTH 4 January 1914 STRY 11. SIRTHPLACE (State or fore Maryland 14. MOTHER'S MAIDEN NAME Lena Levi NFORMANT The Medica e Clinical Cente	ha Curtis ATE M FEATH Decem 9. AGE (In year lost brithday 145 Y	Drive Annth Donber 1 Instruction of the property of the prop	e. IS RESIDENCE ON A FARM? YES NO P YEOR IF UNDER 24 HR Haurs Min. F WHAT COUNTRY S.A. FERVAL BETWEEN SET AND DEATH
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CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda d. NAME or Hospital (If not in hospital, give street address) OR INSTITUTION The Clinical Center, Bethesda Li, Md. NAME or DECKARD Type or print) Edward (No middle name) Siff Middle Lost ADATE OPERATE DEATH SAME C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A c. CITY OR TOWN (If outside corporate limits, write Rural and STEP And give nearest town) A c. CITY OR TOWN (If outside corporate limits, write Rural and STEP And give nearest town) A c. CITY OR TOWN (If outside corporate limits, write Rural and STEP And give nearest town) A c. CITY OR TOWN (If outside corporate limits, write Rural and STEP And give nearest town) A c. CITY OR TOWN (If outside corporate limits, write Rural and STEP And give nearest town) A c. CITY OR TOWN (If outside corporate limits, write Rural and STEP And give nearest town) A c. CITY OR TOWN (If outside corporate limits) A c. CITY OR TOWN (If outside corpo			9. AGE (In year lost buthday 145 yr sign country)	is if UNDER 1 YEAR Months Days 12. CITIZEN O U-i	R IF UNDER 24 HR Haurs Min. F WHAT COUNTRY S.A. TRIPLE TO THE TO	
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CAUSE OF DEATH					/Countril	
	While Not while_	fact	tory, street, office bldg., etc.)	. (City or fown)	(County)	(State
mber 18 CMAN R. GE RMAN R. GE	19.59 , and the VIRTZ, M.D.	that death	ADDRIVAD. The Clinical National Ins Bethesda 11:	ram the causes of ESS (Street, city or tow Center titutes of Maryland	and an the date vn, state) Thealth Tor county	DATE SIGNE 12/18/59
11 11 11	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER) Manth, Day, Yec 19 t I attended the mber 18 CMAN R. GE	UNDERLYING 20b. DESCRIBE HOW INJU 20b. DESCRIBE HOW INJU 20d. INJURY OCCURRED while at work 20d. INJURY OCCURRED w	UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH EDICAL EXAMINER) Manth, Day, Year 19 20d. INJURY OCCURRED While of work of wark 19 11 attended the deceased fram September 18 19 59 and that death 19 59 and	UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I CAUSE OF DEATH EDICAL EXAMINER) Manth, Day, Year 20d. INJURY OCCURRED While Not while of work of wark 20e. PLACE OF INJURY (Home, form, 20f factory, street, office bldg., etc.) It I attended the deceased fram September 24, 19 59, to December 18	UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) CAUSE OF DEATH EDICAL EXAMINER) 20d. INJURY OCCURRED While Not while at work 19 10 work 20d. INJURY OCCURRED factory, street, office bldg., etc.) 20f. (City or town) factory, street, office bldg., etc.) 20f. (City or town) 20f. (UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part 11 of item 18.) CAUSE OF DEATH EDICAL EXAMINER) 20c. DESCRIBE HOW INJURY OCCURRED While Not while at work of wark of wa

after death. Poge 4 the funeral directar, they papers. Poges 1 and 2 shauld be filed mith ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs. RCTOR: After this certificate has been signed by the ottending physician and completely filled in TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificat may be retained by the hospital ar attending physicion.

TO FUNERAL ACTOR: After this certificate has been signed by the ottending physici page 3 shauld be detached far use as the buriol-transit permit. Then please remayes the registror prior to burial, cremation, or remayol, and in any event within 72 hours.

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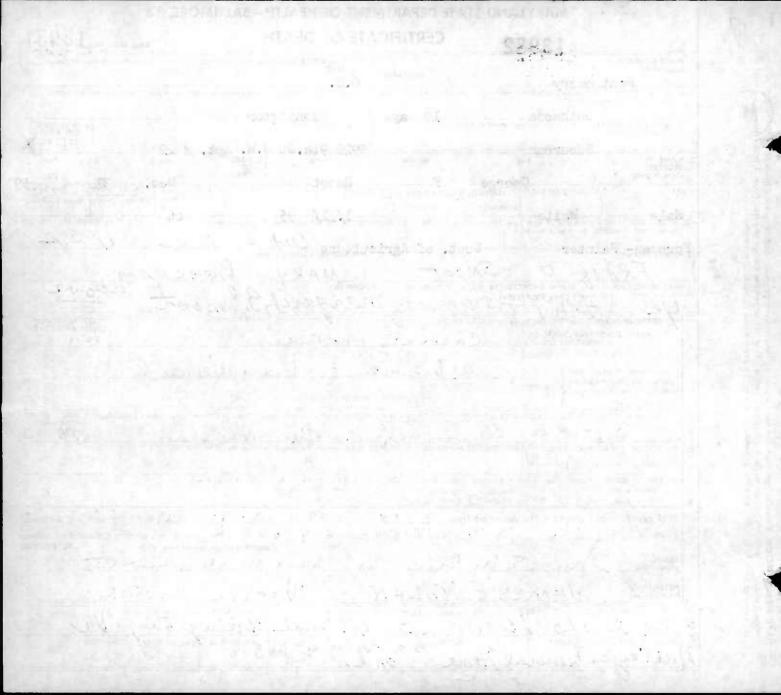
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 , MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY files. MARYLAND b. CITY OR TOWN (If outs c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 rd of e. IS RESIDENCE ON A FARM? Fariula V YES NO P NAME Q DATE Year DECEASED OF DEATH 1959 (Type or print) mackey 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. IF UNDER TYEAR last birthday Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Poge 1 12. CITIZEN OF WHAT COUNTRY? 45510 ERCHANT Give Poges 1, h form PM3. P ile pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (now) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Ill ves, give war or dates of service any With mi 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Cerebral hemorrhage IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which Contusions and lacerations gave rise to immediate couse **DUE TO** (a), stating the underlying down stairs couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPS esed PERFORMED? 2 YES 🔀 NOF 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Chi factory, street, office bldg., etc.) Not while While 1954 at work at work 21. I certify that I took charge af the remains described above, held an Autopsy Inspection/ and in my CTOR: OR: opinion death resulted from: Notural couses Accident X Suicide | Homicide | Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. (Stote) 70 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME 5M 2/57

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1 1		1	3983	CERTIFIC	ATE OF DEATH		Reg. Dist.	No. 1395
	1. PLACE OF DI o. COUNTY Montg			MARYLAND		nere deceased lived. If instituti b. COUNTY	an: Residence I	before admission)
	b. CITY OR T	OWN (If outside corp	orote limits, write	c. LENGTH OF STAY IN 18		outside corporate limits, write R	URAL and give	nearest town)
	Bethe	sda		75 days	Baldwin,	Long Island	69 X-	3
50	OR INSTIT				d. STREET ADDRESS			e. IS RESIDENC
	The C.	linical Ce				fellow Street		YES NO
	(Type or prin	·	Janet	Mary	Spinrad	4. DATE Mar OF DEATH Dec	m ember	27 1955
-51	S. SEX			RIED A NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	7	EAR IF UNDER 24 I
	Femal				September 16	, 1914 47 yrs.	Months Do	ys Hours Mi
	during most	of working life, even Stripper	of work done 10b if retired)		USTRY 11. BIRTHPLACE (Stote		12. CITIZE	N OF WHAT COU
	13. FATHER'S NA			Printing	Minnesot		U.	S. A.
134		E. Cole						
	-		MED FORCES? 16	SOCIAL SECURITY NO. 17	Frances Wa		•	
1	Yes, no. or unknown	(If yes, give war	tariner of samural		he Clinical Ce	ntan Pothoad		han franci
	18. CAUSE	OF DEATH [Enter on	nly ane cause per l	ine for (o), (b), and (c).]	THE OTHER OF	proer Deonesda		aryland INTERVAL BETWEEN
		T I. DEATH WAS CAU	SED 8Y:	respiratory	failure		C	minutes
	170		DUE TO		hitis with muc	ous obstructio	n	milita de S
		ns, if ony, which	(b)		l pleural effu			months
		stating the <u>under-</u>	DUE TO MO		cinoma from th	The state of the s		months
2	3				JT NOT RELATED TO THE TERMI		EN IN PART 1(c	19. WAS AUTOP PERFORMED YES X NO
- 9		ENT WAS UNDERLYIN BUTING CAUSE OF NOTIFY MEDICAL EXA	F DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in f	Part 1 or Port II of item 18.)		
	20c. TIME O Hour		While	NJURY OCCURRED Not while rk ot work	PLACE OF INJURY IHome, farm foctory, street, office bldg., etc.	20f. (City or tawn)	(Cour	nly) (St
	21. I cert	ify that I attend	led the decea	sed from October	13. 1959 , to De	cember 27, 1959	,that I last	saw the dece
-	alive an_	December :	27 , 195	9 and that dea	th accurred at 2:15F	M, fram the causes o	nd an the	date stated ab
	ACTUAL SIGNATURE	Vicha	1CIL	wilaur	(II). (C) 1	ADDRESS (Street, city or town,		DATE SIG
-/	SIGNATURE	pococo			M.D. The Clinics	1 Center		er 28, 19
	PHYSICIAN' NAME (Type	RICHARD	C. MECH	ANIC, M. D.		nstitutes of H	lealth	
	220 BURIAL, CR REMOYAL (EMATION, 22b. DATE Specify)	E THEREOF	Fresh Ponel	OR CREMATORY	22d OCATION (City, Jown, o	. 1.	(Stote)
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ARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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13984 CERTIFICATE OF DEATH

13953 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Mont	gomery		MARYL	AND	- CTATE	SENCE (Wh		lived. If instituti b. COUNTY	on: Residence	ce befor	re admiss ndel	ion)
b. CITY OR TOWN (RURAL and give n	If outside corporate limit earest town)	s, write	c. LENGTH OF STAY IN					ote limits, write R			rest town	1)
Bethesda	Part Age		34 days		Gambr	ills,		0	2X-	2		
OR INSTITUTION	TAL (If not in hospital, gi			7.1	d. STREET A							FARM?
	cal Center,	Beti		id.	Box	300					YES [NO 🔯
3. NAME OF DECEASED (Type or print)	firs Geor		Middle Willia	m	Ster		4. DATE OF DEATH	Decemb		31	,	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED		B. DATE OF BIRTH	1		9. AGE (In years last birthdoy)	IF UNDER			
Male	White	WIDOWE	D DIVORCED		May 22,	1896		63 yrs.	Months	Doys	Hours	Min.
during most of wor Machinist	ON (Give kind of work d king life, even if retired)		KIND OF BUSINESS OR Machinery	INDUS		ACE (Stote	or foreign co	untry)	12. CITI2		S.	OUNTRY?
A. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME	190 10				
George W.	Sterling				Clar	a Lot	t					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO.	11	FORMANT Th	e Med	ical F	Record Add	ress			
no	(If yes, give war or dates of se	57	8-09-9303	Th	e Clinic	al Ce	nter,	Bethesda	a 14,	Mar	ylan	d
	ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		e for (o), (b), ond (c).] orrhagic Pn	eum	onitis,	Right	Lung			ONS	RVAL 8E ET AND 1 We	DEATH
204,3 Conditions, if o	DUE TO	Acu	te Myelogen	מוחות	Loukemi	a		Monilia	a.		2 Ma	nths
gove rise to i couse (o), stoting lying couse lost.	mmediate (DUE TO		oc nycrogen	1045	Bounomi						2 110	110110
PART II. OTI	HER SIGNIFICANT CONE		ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	/EN IN PART	T 1(o) 1	PERFO	AUTOPSY PRMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter noture of	f injury in F	Port I or Port	II of item 18.)	13.			
20c. TIME OF INJUING Hour o. m. p. m.	RY Month, Doy, Yeo	While	UURY OCCURRED Not while of work	20e. PLA foc	CE OF INJURY (Flory, street, office	Home, form bldg., etc.	20f. (City	or town)	(C	County)		(Stote)
	nat I attended the cember 31 Haw(2) HAROLD J. H	_, 19 . Fa	59_, and that o	death	accurred at. A.D. The Nati	7:35r Clini onal	M, from to ADDRESS (Stranger) Cal Ce	he causes an	nd an the stote)	date /1/6	stated	
REMOVAL (Specify)	Jan. 4. 19		22c. NAME OF CEMET		CREMATORY		22d. LOCAT	ION (City, town,		land	(Stot	e)
23. FUMERAL DIRECTOR	SIGNATURE		ADDRESS		3	24a. REC'I	BY REGISTE	napolis RAR 24b. REG	STRAR'S STO	NATUR	E .	
Honning Fr	man & Home	7/	nenolie Ma			DATE	V 5 '6	o a	Thun 8.	there	4	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

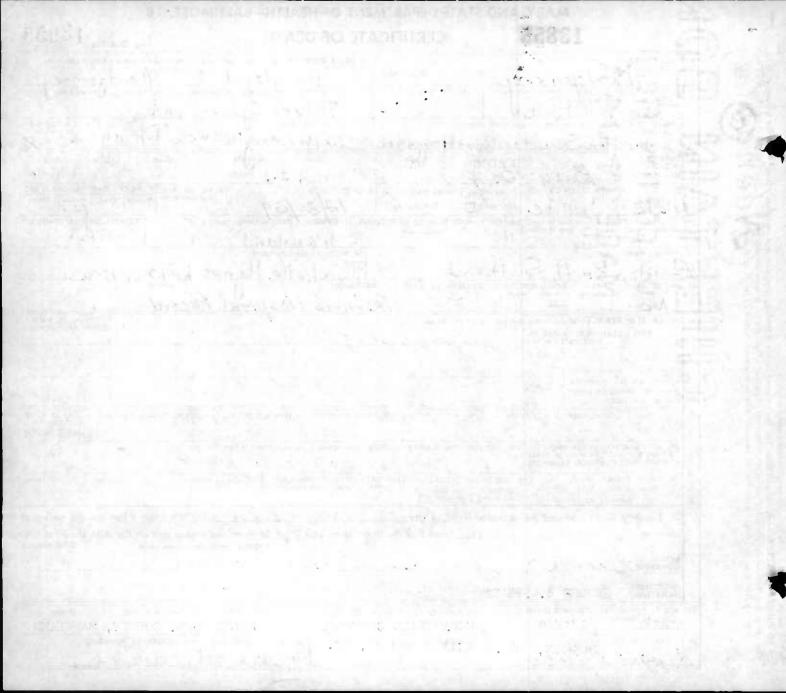
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 13954

a. COUN			MARYL	[a.	STATE	DENCE (Warvla		b. COUNT	Υ	nce bef		ission)
b. CITY O	R TOWN (If outside corporate limits, write nearest town)	RURAL	c. LENGTH OF STAY IN	1 1b c.	CITY OR	TOWN (IF	autside corp	orate limits, write			-	wn)
and Bis	Bethesda		DOA	X		Gait	hersbu	ימיו				
d. NAME	OF HOSPITAL OR INSTITUTION (f nat in hos	pital, give street address)	,d.	STREET A		1101 00				e, IS R	ESIDENCE
	uburban Hospita	L			212	Broo	ks Ave	9				A FARM?
3. NAME OF	F Fir		Middle		Lost		4. DATE OF	Month	1	Doy	1	fear
(Type or p		Raymo	nd Stul	1			DEATH	12/2	21/59		1	9
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE	OF BIRTH	-6-10		9. AGE (In years last birthday)	IFUNDER			ER 24 HRS.
M	W	WIDOWED	DIVORCED []	5/25	/1901		58 ym.	Months	Days	Hours	Min.
during mo	OCCUPATION (Give kind of work of working life, even if retired) CK driver	done 10b. K	IND OF BUSINESS OR IN	DUSTRY 11.		CE (State		ountry)	12. CITI	US.		COUNTRY?
13. FATHER'S	S NAME			14. M	OTHER'S A					00,	EL.	
II	lysses Stull				Marro	JK	aiser					
15. WAS DE	CEASED EVER IN U. S. ARMED FO	RCES? 16. S	SOCIAL SECURITY NO.	17. INFORM		O, II	arser.	Address				
(Yes, no, or unk	nown) (If yes, give war or dates of	service)		Marv	9+117	l (wi	f-1	Item 2	-31			
Candili gave ris (a), stad cause I	ART II. OTHER SIGNIFICANT CON History	Contions co	oronary occ	BUT NOT REL	ATED TO 1	ase			EN IN PART	ONSE	P. WAS PERFO	en
-	E OF INJURY Month, Day, Yeo ur a. m. p. m. 19	While		PLACE OF I				ar tawn)	(Cau	nty)		(State)
death ACTUAL SIGNAT EXAMINAME (220. BURIAL,	VER'S Type) Frank J, CREMATION, 22b. DATE THEREO	Br ů sc	, Accident [],	Suicide [CHIEF ME ASSISTAN DEPUTY A	omicide EDICAL EX	AMINER AL EXAMINER	_	/21/5°		DATE S	
Bure	AL (Specify)	59	90)ok			Ge	aithers	ours.		d.	-,
23. FUNERAL	DIRECTOR'S SIGNATURE		316 E. Dian		and	DATE DE	EC 2 2 '5		TRAR'S SIG			

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			CHARLES	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13985

CERTIFICATE OF DEATH

Reg. Dist. No.

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Pages 1 ar his certificate has been signed by the attending physician and completely filled use as the burial-transit permit. Then please remave carban papers. Pages 1 after death ematian, ar remaval, and in any event within 72 haurs,

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H 5	FUN	page 3 shauld be detached for use as the burial-transit permit. Then please remave carban page the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs, effer death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	TO FUNERAL ARECTOR: After this certificate has been signed by the attending physician and completely filled . By the funeral director,	<u>a</u> +
VS A	15 (4 9/58)

1. PLACE OF a. COUNTY		tgomery		MARYLA		usual residence (Vo. STATE Mary		d lived. If instituti b. COUNTY	an: Residence Monts			
b. CITY OR RURAL o	nd give near	outside carporate limest town)	its, write	c. LENGTH OF STAY IN 20 days	N 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 56 Silver Spring						
OR INST	F HOSPITAL	(If nat in haspital, g			1.	d STREET ADDRESS				0	RESIDENCE ON A FARM?	
3. NAME OF DECEASED (Type or pr		Orville		Middle Frankli		Lost Taylor	4. DATE OF DEATH	Mon		Day	Yeor 19 5 9	
s. sex			7. MARI	RIED NEVER MARRIED	B. I	PATE OF BIRTH 26 April 1		9. AGE (In years last birthday) 38 yrs.	IF UNDER 1 Y	EAR IF L	JNDER 24 HRS.	
10a. USUAL O during mo	CCUPATION	(Give kind of work g life, even if retired	done 10b.	KIND OF BUSINESS OR elephone Co.		11. BIRTHPLACE (Sto				JOFWH	IAT COUNTRY?	
13. FATHER'S I	A	211	1 1	erebuone oo.		4. MOTHER'S MAIDEN				0.00.04	1. 0	
	// 0	eorge Tay	lor			Minnie '	Trader					
15. WAS DECE (Yes, no, or unknown)	ASED EVER I		CES? 16.	330-05-5948			edical	Record ^{Add} Bethesd		Marv]	land	
PA	RT I. DEATH	Enter only one co WAS CAUSED BY: WMEDIATE CAUSE (c	Car	ne for (o), (b), and (c).] rdiorespirat							L BETWEEN AND DEATH OUT	
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CATION		SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINAL DISEASI	E CONDITION GIV	/EN IN PART 1(PE	VAS AUTOPSY ERFORMED?	
(IF EITHER	DENT WAS RIBUTING [, NOTIFY MI	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Enter noture of injury i	n Part I or Port	t II af item 1B.)				
	OF INJURY a.m. p.m.	Manth, Day, Ye	While	NJURY OCCURRED Nat while k at wark		OF INJURY (Hame, fo ,, street, office bldg., e		ar tawn)	(Cau	nty)	(State)	
21. I ce alive a ACTUAL SIGNATU PHYSICIA NAME (T)	Decer	ober 13	, 19	ed fram November 52 , and that de NGEL, M.D.		coursed at 10:2	5 M, from ADDRESS (SI ical Ce Instit	the causes and reet, city or tawn, enter of	d on the d state)	late sta	ated above	
22a. BURIAL, (REMOVAI	REMATION, (Specify)	22b. DATE THEREC		22c. NAME OF CEMETI Parklawn		REMATORY	22d. LOCAT	COMERY			(State)	
23. FUNERAL I			2	901ADTESTA S	st.	N . W . 24a. RE	C'D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	ATURE		

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VS A1S (4) 1SM 9/S8 127

ARYLAND	DEPARTMENT	HEALTH-BALTIMORE,	18

13987 CERTIFICATE OF DEATH

Reg. Dist. No. 23958

o. COUNTY Montgomery	7	MARYLA	ND 2. USUAL R	esidence (Wh inia	nere deceased live	d. If instituti b. COUNTY	on: Residence	before odm	ission)
b. CITY OR TOWN (I RURAL ond give no Bethesda				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Monroe					
	AL (If not in hospital, give	37 days		T ADDRESS	-	- 6	J / - 5		ESIDENCE
OR INSTITUTION					· -1- D			ON	A FARM?
U.S. Naval	Hospital,	Bethesda Mo.	311	B Fenw	ick Road			YES	
3. NAME OF DECEASED (Type or print)	First	Middle D	THIEBAU	Last D	4. DATE OF DEATH	Dece:		Day 20	Year 1959
S. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF 8	IRTH	9. A	GE (In years	IF UNDER 1 Y		DER 24 HRS.
Male		VIDOWED DIVORCED [-57		st birthdoy) yrs.	Months Do	ys Hour	s Min.
10a. USUAL OCCUPATIO	ON (Give kind of work dor	ne 10b. KIND OF BUSINESS OR I	INDUSTRY 11. BIRT	HPLACE (Stote	or foreign country	()	12.CITIZE	N OF WHAT	COUNTRY?
None	ring life, even if retired)	None					Т	J.S.	
13. FATHER'S NAME		Morre	LIA MOTHE	R'S MAIDEN N	Germa	113		J.D.	
Charles J.				a WARTY	GEG				
	R IN U. S. ARMED FORCE (If yes, give war or dates of servi		INFORMANT			Add			
No		None	(Father)	Charle	s J. Thi	Lebaud	Same a	s #2	
Conditions, if or gove rise to it couse (o), storing lying couse lost. PART II. OTHER	the under- C) DUE TO	TIONS CONTRIBUTING TO DEATH	LASTO		NAL DISEASE CO	NDITION GIV	EN IN PART 1	(o) 19. WA	S AUTOPSY
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	MEDICAL EXAMINER)		e. PLACE OF INJUI	Y (Home, form	, 20f. (City or to		(Cou		X NO (Stote)
Hour o.m.	19	While Not while of work of work	foctory, street, o	rrice blag., erc.	.)			36.1	
alive an 20 I		eceased from 13 Nov , 19 59 , and that de Grello IT MC USN	eath accurred	orll:401 Naval		causes an city or town,	d on the o stote) hesda 1	date state o Md. 12	
220. BURIAL, CREMATIO		22c. NAME OF CEMETE			22d. LOCATION				ote)
Burial (Specify)	12-24-59	National H				pton	Va.	(5)	,
23. FUNERAL DIRECTOR		ADDRESS rmistead Ave. H	Hampton Va		D BY REGISTRAR EC 2 8 '59		STRAR'S SIGN		

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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
io, io	(編	139 SEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 139
4 should by cremation		1. PLACE OF DEATH o. COUNTY MORTGOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY MORTGOMERY MARYLAND
L 49		MONTGOMERY MARYLAND Md. MONTG. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Page , burial,		and give nearest lown)
or .		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
o o o	073	Montgomery Co. Gen. Hosp. Chandlee Mill Road VES NO C
our fi		3. NAME OF First Middle Last 4. DATE Month Day Year OF
y d		(Type or print) Malchia Thomas DEATH 12 17 1959
F to F		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) FLACE (In years lost birthday) FLACE (In years lost birthday)
3 to the lained for with the		M C WIDOWED DIVORCED 6/6/14 45 yes. Williams Days House Min.
2 w		10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 22. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
be and	(-)	Laborer Maryland U. S. A.
6-	(I)	13. FATHER'S NAME
S & N D		Clifton Edward Thomas Mary Mamie Simpson
ve Pag Page File po		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address
2 7 2		Hospital records
18. Gram PM3		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Chock 71.
		IMMEDIATE CAUSE (a) STIOCK
pencil in Iter plang with fa burial-transit	/	9/6.0 DUE TO
o water		Conditions, if ony, which gave rise to immediate couse head, trunk and extremities.
penci		(a), stating the underlying of house.
fice as a		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY
inding.	0	PERFORMED?
pend iner's be us		
		20a. EXTERNAL CAUSE WAS PRIMARY OF GRAND OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.) Burning of home.
word Exam shauld		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State)
the Sicol	15	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not white 1 work 1 at work 1 at work 2 home 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Sandy Spring Montg Md.
Med		21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry that the
writ DR:		death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
CTC .		
ficate the OIRECT		SIGNATURE SIGNED M.D. CHIEF MEDICAL EXAMINER []
× 1	5 5	EXAMINER'S ASSISTANT MEDICAL EXAMINER
orward FUNER	2	NAME (Type) Frank J. Broschart, DEPUTY MEDICAL EXAMINERY 12.17.59
	5	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
2	0	23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
S. A15ME(5	10	
5M 9/55	1	Coffee Li Suswilly Cochvelle Mydate DEC 22'59 Carthur Stresses

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te	NAME OF HOSPIT. OR INSTITUTION	AL (If not in haspital, of SARder	-	en TAR	IUM	d. STREET ADDRESS 4	-	Pre,	K ST.,	ON	RESIDENCE A FARM
D	IAME OF ECEASED (ype ar print)	John	rst V	Widd	lle Th	lost Compson	4. DATE OF DEATH	Mai		Day 4	Year 19.5
S. SE	M	6. COLOR OR RACE	7. MARRIED		_	3/9/1892		9. AGE (In years last bisthelay) yrs.	Manths D	YEAR IF UN Days Haus	7
0a.	USUAL OCCUPATION MOST OF WORK	N (Give kind af wark ing life, even if retired	dane 10b. KIND	GOV T		TRY 11. BIRTHPLACE (State WASH.			12. CITIZI	USA	
	OSS THOM	WPSON				WENA DE	BRULE	R			
	WAS DECEASED EVER	R IN U. S. ARMED FOR				IMOGEN THO		1, 4919		WICK	ST.,
个		TH [Enter anly ane co	use per line far	(a) (b) and (WASI	INCTO	N, D.	0.	INTERVAL	DET\A/EEA
		TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	Record		snight	fun	9.		36	ND DEAT
	493 X Canditians, if ar gave rise to it cause (a), stating lying cause last.	DUE TO ny, which n mediate the <u>under-</u> (c)		Recomp	ania) right	fun	9 .		36.	ND DEATH
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CERTIFI	Canditians, if an gave rise ta in cause (a), stating lying cause last. PART II. OTH PART III. OTH Cao. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) Coc. TIME OF INJURY Haur a. m.	DUE TO TO, which amediate the under: ER SIGNIFICANT CON	DITIONS CONT 20b. DESCRIBE	RIBUTING TO DE L'ANDER HOW INJURY Y OCCURRED Not while	OCCURRED	NOT RELATED TO THE TERM	INAL DISEASI	E CONDITION GI	hstaa	36.0 1(a) 19. WA PER	S AUTOPFORMED?
MEDICAL CERTIFI	Canditians, if an gave rise ta in cause (a), stating bying cause last. PART II. OTH PART III. OTH COO. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY) COC. TIME OF INJUR' Haur a. m. p. m. 21. 1 certify th	IMMEDIATE CAUSE (c DUE TO ty, which mediate the under: ER SIGNIFICANT CON CER SIGNIFICANT CON	DITIONS CONT 20b. DESCRIBE ar 20d. INJUR While at wark deceased f	RIBUTING TO D HOW INJURY Y OCCURRED Nat while at wark	DEATH BUT IN OCCURRED 20e. PLA fact	NOT RELATED TO THE TERM (Enter nature of injury in lary, street, office bldg., etc.) 1958, ta 44 accurred at 16:08	INAL DISEASI Part I ar Part D. 20f. (City M. fram ADDRESS (SI	e CONDITION GI	(Co	1(a) 19. WAPER YES	AS AUTOPS FORMED? (Sta
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Personal For The West of the West State of Companies. John X Thompson TO SE SECRETARIAN TO SECURE OF SECRETARIAN SECURITION OF S the state of the s A CONTRACT THE PLANT OF THE PARTY OF THE PAR March and and

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ofter death. Page 4

requires that the death certificate be executed within 24 haur

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13961

24b. REGISTRAR'S SIGNATURE

O. Shun S. Krasek

		13330		CEKI	IFICA	IE OF L	JEAIR				Reg. Dis	st. No.	215	5
1. PLACE OF DEA	ath ontgomen	y	1	MAI	RYLAND	2. USUAL RESID	DENCE (Who	Year or the second	d lived. If in b. CO					
b. CITY OR TO	OWN (If autside give nearest taw	carporote limit	s, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR 1	TOWN (If a	utside corpo	rate limits, w	rite RU	RAL ond g	give nec	rest tawr	n)
Bethese	- 1-			17 day	s	Vie	enna		8	3	x - 3			
d. NAME OF OR INSTITU	HOSPITAL (If no	t in hospitol, gi	ve street			d. STREET A	DDRESS	40					e. IS RES	FARM?
-	aval Hos	spital	N	IMC		RT#3	Box 4	190					YES	NO 🗆
NAME OF DECEASED (Type ar print)	Ros	Firs		Midd Yeary	-	Los HOMPSON	ıt	4. DATE OF DEATH	Dec	Manil		12		Year 1959
S. SEX	6. COL	OR OR RACE	7. MARR	IED NEVER MAR	RIED B	DATE OF BIRTI	Н		9. AGE (In	years	IF UNDER			-
Female	Whi	ite	WIDOWE	DIVOR	ED 🔲	7 30 82			last birth	yrs.	Manths	Doys	Haurs	Min.
during mast	of working life, ewife	even if retired)	ane 10b.	KIND OF BUSINESS	OR INDUST	Vir	ginia	AME	auntry)		}	ZEN OF U.S.		COUNTRY
PART 154 Canditian gave rise couse (a), s	DF DEATH [Enth I. DEATH WAS IMMEDI X s, if ony, which to immediate toting the under	CAUSED BY: ATE CAUSE (o). DUE TO	ise per lir	ne for (a), (b), and (c)		Son) R	obert ectin	THOME	PSON Ince to	Se	ame a	INTE	ERVAL BE	
<u> </u>	II. OTHER SIGN			CONTRIBUTING TO D					-59		N IN PAR	T 1(a) 1	PERFO	AUTOPSY ORMED?
OR CONTRIB		SE OF DEATH	r 20d. In	Not while	20e. PLA	(Enter nature a CE OF INJURY (ary, street, affice	Hame, form,	20f. (City	t II af item 1 ar tawn)	В.)	(0	Caunty)		(State)
21. I certi	ify that I at 12 Decer	tended the		ed from 25 I			4:55A	M, from		es and	on the		stated	
PHYSICIAN'S NAME (Type	B.C.	Johnso	n	LCDR MC	USN	U.S.	NAVA:	L HOSI	PITAL	Be	thesd	a,	Md.	
22a. BURIAL, CRE REMOVAL (S BUTIEL	MATION, 22b.	DATE THEREO	-	22c. NAME OF CE	METERY OR Cemete			Vient	rion (City, 1	Vi:	rgini	a	(Stote	e)

Rockville, Md.

24g. REC'D BY REGISTRAR

DATE DEC 1 6 '59

ADDRESS

Funeral Home

the funeral director, be filed should the attending physician and completely filled Pages carbon popers. death. irs afte Then please remove within 72 l **XECTOR**: After this certificate has been signed by permit. detached far use as the buriol-transit ATTENDING PHYSICIAN: The law by the hospital or attending physici crematian, ar removal, the registrar priar page 3 shauld may be re-

TO HOSPITAL VS A1S (4) ISM 9/58

REMOVAL (Specify)
Burial

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Department ID 950	Messon-			
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	Fraight 1990	Micon Colors	To the Late of merch	

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13991

CERTIFICATE OF DEATH

Rea. Dist. No.

13962

1. PLACE OF DEATH					2. USUAL RESIE	ENCE (WI	ere deceased	lived. If institut	ion: Residenc	e before o	mission)
o. COUNTY Mon	gomery		MARY	LAND	o. STATE Dist:	rict	of Col	umbia			
b. CITY OR TOWN (I RURAL and give no	outside corporate limi	its, write	LENGTH OF STAY	IN 1b				ote limits, write l	RURAL ond g	ive nearest	town)
Bethesda	ulesi lowii)		41 days		Wash	ingto	n	4	7x-3	3	
	AL (If not in hospital, g		dress)		d. STREET A			Ten min		0	RESIDENCE
The Clinic	al Center,	Bethe	esda ll. 1	Md.	2318	- 16	th Str	eet, S.E		YE	S NO
3. NAME OF DECEASED (Type or print)	Frederi		Middle (None)		Trossb		4. DATE OF DEATH	Decembe		Day	Year 19 59
SSEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED 🔀	B. DATE OF BIRTH	(9. AGE (In years	IF UNDER 1	YEAR IF L	
Male	White	WIDOWED			4 July	1890		lost birthdoy)		Days Ho	ours Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b. KI	ND OF BUSINESS C	OR INDU			or foreign co			EN OF WH	AT COUNTRY
Farmer	ing life, even if retired		Farm		M	aryla	nd			U.S.	Δ.
13. FATHER'S NAME			alli		14. MOTHER'S					0.00.	7.0
Dhallan	lmoachnah										
1S. WAS DECEASED EVE	rossbach	CES? 16 SC	CIAL SECURITY NO		NFORMANT Th	Rome		Ado	ress		
(Yes, no, or unknown)	If yes, give war or dates of s	ervice)								. 7	
_No			8-14-3427	-	e Clinic	ar ce	nter,	Bethesda	14, 1	4	
	TH [Enter only one co									ONSET A	L BETWEEN
PAKI I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Mult:	iple Pulm	onar	y Infarc	tion				33 da	ays
154X	DUE TO)									
Conditions, if o	ny, which) (b	Arte:	riolar Ne	phro	sclerosi	S				? yes	ars
gove rise to i couse (o), stoting	nmediote (,					ARK.		- 100		
lying couse lost.		_Carc	inoma of	the	Rectum	1001		75.00		2 70	ars
PART II. OTH	ER SIGNIFICANT CON					THE TERMI	NAL DISEASE	HONDER HOLEGAR	EN IN PART	1(o) 19. W	AS AUTOPSY
=	c Carcinoma										RFORMED?
E 20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in I	Port I or Port	Il of item 1B.)	11.02T2		
20c. TIME OF INJUR Hour o. m. p. m.	Month, Doy, Yes	While	URY OCCURRED Not while of work	20e. PL	ACE OF INJURY (I	lome, form bldg., etc	20f. (City	or town)	(Ce	ounty)	(Stote)
21. I certify th	at I attended the	deceased	fram Nove	mher	73, 19, 59	, ta_De	cember	24. 19.50	that I las	t saw th	e deceased
alive an Dec			2 and that								
	00	0	DAL					eet, city or town,			DATE SIGNED
ACTUAL SIGNATURE	(AVa-	D	LOV. R		M.D. The	יחיים	007 Co	nton		12/2	25/59
SIGNATURE		,	CCITIC						777-1		22122
PHYSICIAN'S NAME (Type)	ALAN B	RETT	K. M.D.		Beth	esda_	14. Ma	utes of ryland	nearti	1	
220. BURIAL, CREMATIO			22c. NAME OF CEM	ETERY O				ION (City, town,	or county)		(Stote)
Burial (Specify)	12/28/	59	St. Mic					Ridge,	Md.		
3. FUNERAL DIRECTOR	SIGNATURE		ADDRESS			24a. REC'	D BY REGISTI		STRAR'S SIG	NATURE	
P.B. Rol	inson - 1	Leona	rdtown.	Md.		DATE DE	C 3 0 '5	9 0	thing S.	Firaus	

the funeral directar, page 3 shaurd be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with N RECTOR: After this certificate has been signed by the attending physician and completely filled in the registrar prior to buriol, cremotion, or remayal, and in any event within 72 hours offer death by the haspital or attending physician. may be re-VS A1S (4) 1SM 9/SB

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

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XX	cute the Spriftcate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer, actor. Page 4 should be	forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your	A.	vol.	
PUT	٢	10.	NER	эша	
DE	one	Orw	5	or re	
5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If any delay is necessory, please exe	0	-	10	or remavol.	
VS	. A	15/	ME	5)	
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	13992	DICA	L EXAMINER	3 CERTIFICA	IE OF	DEATH	Reg. D	ist. No	. 1	396
PLACE OF DEATH				2. USUAL RESIDENCE (lence bef	ore odm	ission)
M	ontgomery		MARYLAN	o. STATE Mary	land	b. COUNTY	Mor	ntgo	mer	У
b. CITY OR TOWN (III and give negres! Iown	f outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (f outside cor	porote limits, write	RURAL on	d give no	porest to	wn)
Be	thesda		21 years	X Beth	nesda					
d. NAME OF HOSPIT	TAL OR INSTITUTION (I	If not in hos	pital, give street address)	d. STREET ADDRESS						A FARM?
901	0 Seneca	Lane		9010	Sene	eca Lane	2			NO
NAME OF DECEASED (Type or print)	Fin Wil	liam	Middle D	Urry	4. DATE OF DEATH	Month Dece	mber	Ooy		oor 9 59
s. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UND	ER 24 HR
Male	White	WIDOWED	DIVORCED	May 1, 19	05	54 yrs.	Months	275	Hours	Min.
Og. USUAL OCCUPATIO	ON (Give kind of work of	done 10b. K	IND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (Stote	or foreign	country)	12. CIT	IZEN OF	WHAT	COUNTR
Scient	ng life, even if retired)	3420		Engla	and		I	JS		
3. FATHER'S NAME				14. MOTHER'S MAIDEN						
Alher	t Urrv				nown					
	ER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	ILOWIL	Address				
Yes, no. or unknown) NO	(If yes, give war or dates of s	_	Jnknown (ereta Urry-v	rifo_e		2d			
	TH [Enter only one cau TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	se per line i		Ocelu		- as	Zu		AL BETW	
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PART I. DEAT 14-20./ Conditions, if a gove rise to immed (o), stoting the couse lost.	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (e) DUE TO Iny, which diote couse underlying HER SIGNIFICANT CONI USE WAS NTRIBUTING 200	DITIONS CO	DATRIBUTING TO DEATH BU E HOW INJURY OCCURRED	Occlus T NOT RELATED TO THE TERA	AINAL DISEAS It 1 or Part II m, 120f. (City	E CONDITION GIVI	EN IN PAR	ONSET 1(a) 19	AND DE	AUTOPSY RMED?
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

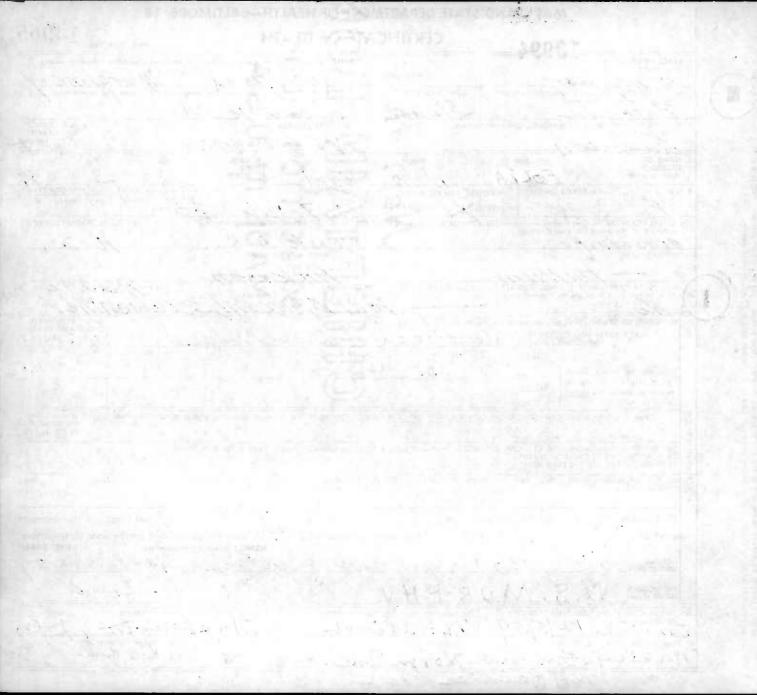
Reg. Dist. No. 13964

	13993		CERTIFIC	CATE OF L	DEATH			Reg. Dist	. No. 1	0304
PLACE OF DEATH O. COUNTY	Montg		MARYLAND	2. USUAL RESID	DENCE (Whe	re deceased liv	ed. If institution b. COUNTY	n: Residence	before oc	
b. CITY OR TOWN (If	foutside corporate limits, arest town)	write c. LENG	th of stay in 18 7Hrs			tside corporote ersbui	limits, write RI	JRAL and giv	ve nearest	town)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, given tg, CO,		l Hospi	d. STREET A		Ave			0	RESIDENCE IN A FARM? S NO
3. NAME OF DECEASED (Type or print)	First Marshal	1	Middle Kurray	Walke		4. DATE OF DEATH	Dec	h	17	Year 19 59
s. sex Male	6. COLOR OR RACE 7	MARRIED AN	EVER MARRIED DIVORCED	8. DATE OF BIRTH		9.	AGE (In years lost birthdoy) yrs.		YEAR IF U	NDER 24 HRS urs Min.
10a. USUAL OCCUPATIO during most of work RETAIL	DN (Give kind of wark da ing life, even if retired) EPCHANT	ne 10b. KIND OF Retai	BUSINESS OR INI			sburg	Md,		S A	AT COUNTRY
13. FATHER'S NAME	orge E. Wa	lker		14. MOTHER'S		AME	4,45			
1S. WAS DECEASED EVER	R IN U. S. ARMED FORCE If yes, give war or dates of serv	S? 16. SOCIAL S	ECURITY NO.	Minnie	B. W	alker		esslker thers		d.
Conditions, if ar gave rise to in cause (o), stating t lying couse lost.	mmediate (Athe	vosci	ievosi.	r				1(o) 19. W	AS AUTOPSY
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING 1 20 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIBE HO	W INJURY OCCUR	RRED. (Enter nature o	f injury in Po	art I or Port II	of item 18.)	3.80		NO
Y 20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Year	20d. INJURY OC While Nat at wark ot w	while	PLACE OF INJURY (factory, street, office			town)	(Co	ounty)	(State
	_	, 125 g.,	and that dec	ath accurred at	05 k	M, fram the		d an the state)	date sta	
22a. BURIAL, CREMATIO REMOVAL (Specify)		0	me of CEMETERY	OR CREMATORY			(City, tawn, o		72.	(State)
23. FUNERAL DIRECTOR	7 11 /	un Fo	ORESS Aller	fury,		BY REGISTRA	24b. REG19	TRAR'S SIGN		-,51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS A15 (4) 1SM 9/SB

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CERTIFICATE OF DEATH

13967

1		1399	6	CERTIFIC	ATE OF I	DEATH			Reg. Dist. I		, 00
y.	PLACE OF DEATH	gomery		MARYLAND		DENCE (Who		ived. If instituti b. COUNTY	an: Residence b		ian)
	b. CITY OR TOWN (IF	outside carporate lim	its, write	c. LENGTH OF STAY IN 18	c. CITY OR	TOWN (If or	utside carpora	te limits, write R	URAL ond give)
	RURAL and give neor	est tawn)		39 days	K	ing Ge	eorge		83x-	3	
	d. NAME OF HOSPITAL	. (If not in haspital, (give street	1	d. STREET					e. IS RESI	DENCE
	or Institution The Clinic	cal Center	. Be	thesda 14, Md	R	oute 7	#2, Box	68			FARM?
	NAME OF DECEASED (Type or print)	Henry		Middle George	Wegne	st	4. DATE OF DEATH	Mar		/	rear 1959
5. 9	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRT	Н	9.	AGE (In years	IF UNDER 1 YE		
	Male	White	WIDOW	ED DIVORCED	11 Janu	ary 18	397	lost birthday) 62 yrs.	Manths Day	ys Haurs	Min.
10a	. USUAL OCCUPATION during most of warking	(Give kind of wark	dane 10b.	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHP	LACE (State	ar foreign cou	ntry)	12. CITIZEN	OF WHAT CO	DUNTRY
F	ublic work		'	Government	Wi	sconsi	in		U	S.A.	
	FATHER'S NAME				14. MOTHER'S						-
	Paul L. W	egner			Mati	lda Ro	nesky				
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT Th			cord Add	ress		
(10)	Yes	yes, give war or dates of :		NASCERTA INABL					eda Ili	Mamra	and
				ne-far (a), (b), ond (c).]	a_ric_or_		Ocuroci	· Indiana		NTERVAL BET	
	PART I. DEATH	WAS CAUSED BY			f thomas		- la d d		10	INSET AND	DEATH
	451×	MMEDIATE CAUSE (1 ,	thrombosis o	Luioraci	c and	abdomi	nal aor	T.a		
		DUE TO	,	conouglined.		hand a se	7				
	Canditians, if any	mediate)()	generalized	severe ar	rei.108	CTELOS	18			
	cause (a), stating th	DITE TO									
7	lying couse last.) (c)								
CATION	PART II. OTHE	R SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH B						19. WAS A	RMED?
CA		ent lympho		skin, lymph						YES 😿	NO 🗌
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture o	of injury in P	art I ar Part I	l of item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While		PLACE OF INJURY factory, street, affic	Home, form, e bldg., etc.	20f. (City a	r tawn)	(Caur	ity)	(Stote)
	21. I certify that	t Lattended the	deceas	sed from November	19 19 59	to Dec	cember	28 1959	that I last s	aw the de	ecenser
	alive an Dece			59, and that dea							
	dilve dil	1	2/1	, una mar dea	iii decorred di			et, city or town,			E SIGNEL
	ACTUAL	Vail	1/4	do	M.D. The					28	3.05
	SIGNATURE VICE		V	nauce				ites of		er_209_	TAD
	PHYSICIAN'S NAME (Type)	RICHARD C.	MECH	HANIC, M. D.							
220	· BURIAL, CREMATION			22c. NAME OF CEMETERY		esua_		yland ON (City, town,		(State	
	REMOVAL (Specify)	12/31/1	959	Oakland	OK CKEMATORY			- 17-	di cdoniy)	(Sidie	1
22	FUNERAL DIRECTOR'S	1 2 2 2	777	ADDRESS		24- 95015	Owen BY REGISTR	24h PECI	STRAR'S SIGNA	TURE	
	ash & Sla		uf Post	Ninde, Vi	roinia						
1Ve	TOIL OF DIE	W Dy J.M.	0	. MITHUE, V.	rr 8 Trata	DATE	21 '59	art	un & Than	4	

by the haspital ar attending physician.

NECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, as the detached far use as the buriol-transit permit. Then please remark carbon papers. Pages 1 and 2 should be filed with ofter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be referred by the haspital or attending physician.

TO FUNERAL MECTOR: After this certificate has been signed by the ottending physician and completely filled in a page 3 should be detached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13968

	- CERTIFICA		Reg. Dist. No.
1. PLACE OF DEATH D. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE Maryland	d lived. If institution: Residence before admission) b. COUNTY Montgomery
b. CITY OR TOWN (If autside corporate limits, w RURAL and give negrest town) Detnesda	c. LENGTH OF STAY IN 16 3 years	c. CITY OR TOWN (If autside carpo	rate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give so or INSTITUTION Whittier Black)	reet address) Vd.	/d. STREET ADDRESS 7611 Whittien	Blvd. e. IS RESIDENCE ON A FARM? YES \(\sqrt{NO} \) NO \(\sqrt{X} \)
3. NAME OF First DECEASED (Type or print) IDA	Middle BELLE	WELLS 4. DATE OF DEATH	Dec. 30, Day Year
Famala White	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH June 21, 1872	9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS last birthday) 87 yrs. 6 9 Haurs Min.
10a. USUAL OCCUPATION (Give kind af work done during mast of warking life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign of New York	U. S.
13. FATHER'S NAME Charles Storrin		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	7.7	Obert A. Wells-s	Address on-same as 2d
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	-	HROMBOSIS, LEFT	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which gave rise to immediate couse (a), stating the <u>under-</u>	ARTERIOSCLE	ROSIS, GENERA	4 5 YRS.
lying couse last. (c)	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASI	E CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I ar Part	III of item 18.)
Haur a.m.		ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.)	ar tawn) (Caunty) (State)
21. I certify that I attended the decalive an DEC. 30., ACTUAL SIGNATURE Leo Na.		accurred at 8:15 M, fram	the causes and an the date stated above reet, city or town, state) CONSIN AVE.
PHYSICIAN'S LEO M. CUR	TIS	Bethesd	a, Maryland 12-31-59
226. BURIAL, CREMATION, REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. Pumphrey	Parklawn (ADDRESS Bethesda, Ma	Cemetery Rocl	TON (City, tawn, ar caunty) (State) KVILLE MARYLAND RAR 24b. REGISTRAR'S SIGNATURE CATHUNG S. FLOURS

VS A1S (4) 1SM 9/SB

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires may not necessificate by the haspital or attending physician.

TO FUNER. ARECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.

TO FUNER. ARECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. the registrar prior to burial, cremation, or remaval, and in any event within 72 hays-afte death.

VS A15 (4) 15M 9/5B

s after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13000

13969 Rea. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	fontgomer	V	MARYLAI	0.5	TATE	Where deceased	l lived. If institution b. COUNTY	Monta		
b. CITY OR TOWN (I RURAL and give ne Kensing		ts, write	c. LENGTH OF STAY IN	1b c. C		f autside carpa	rate limits, write RI			
OR INSTITUTION	AL (If not in hospital, gerndale St			/ d. 9	STREET ADDRESS		ews Lan	e t	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Pauli	-	Middle A	Wigh	ington	4. DATE OF DEATH	Dec.	th 29	Day	Yeor 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARR	DIVORCED		of BIRTH		9. AGE (In years last birthday) 39 yrs.	Months Do	-	DER 24 HRS.
Housewi	ing life, even if retired)	KIND OF BUSINESS OR I		Virgin	nia	ountry)		JSA	COUNTRY?
13. FATHER'S NAME	D 1			14. M	OTHER'S MAIDEN					
15. WAS DECEASED EVE	. Reardon		SOCIAL SECURITY NO.	INFORMA		ie I.				0.1
	(If yes, give war or dotes of s	ervice)			r E. Wi	ighing		ess same Hust		20
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c)	HEPATIC	F	AILUR	E			INTERVAL E	
Canditians, if a			HEPATIC	ME	TASTA	HSES			34	05
cause (a), stating lying cause last.	the <u>under-</u> DUE TO	, C.	ARCINOMA	<i>t</i>			GLAN			105
PART II. OTH	ier significant con	DITIONS C	ONTRIBUTING TO DEATH	BUT NOT REI	LATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	'EN IN PART 1(PERF	ORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED. (Enter	nature of injury i	in Part I or Par	t II af item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	While	NJURY OCCURRED 20 Nat while at wark		INJURY (Hame, fo eet, affice bldg.,		ar tawn)	(Cau	nty)	(Stote)
,	John	decease , 195			19 <u>59</u> , ta_ red at_7 <i>19</i> 7720	WISCO	the causes an light, city or takin,	MOE	ate state	
PHYSICIAN'S NAME (Type)	John H.		hy		7720 Wi	isc. A	ve. Bet	hesda,	Md.	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	1/4/60)F	22c. NAME OF CEMETE Arlingto				rion (City, tawn, one ton.	or county) Virgin		ate)
23. FUNERAL DIRECTOR Robert	S SIGNATURE A. Pumphi	rev	ADDRESS Bethesda,		24a. RE	EC'D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	ATURE	

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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Arlington o. COUNTY MARYLAND Virginia Montgomerv b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington Bethesda 30 days d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5868 South 1st Street YES NO-F The Clinical Center. Bethesda 14. NAME OF DECEASED 4. DATE Middle Month Year (Type or print) Williams DEATH Jerry Tee 1959 December IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Dovs DIVORCED | January 28, 1940 Male White WIDOWED | 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Food Clerk Grocerv Kentucky U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tradell David Williams Dolores Cornelia George INFORMANT The Medical Record Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. No The Clinical Center, Bethesda lh. Marvland 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Acute Subarachnoid Hemorrhage DUE TO Acute Pulmonary Edema Conditions, if ony, which gove rise to immediate Acute Myelogenous Leukemia with massive enlargement 9 months of spleen, liver, lymph nodes and kidneys couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased fram November 6., 19.59, to December 6, 19.59 that I last saw the deceased 159___, and that death accurred at 2:30 M, fram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. The Clinical Center National Institutes of Health PHYSICIAN'S NAME (Type) Arthur R. Rothman Rethesda 11 Meryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY-OR-CREMATORY-(Stote) REMOVAL (Specify) MT, KENTON DUCAM 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE

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Action is restricted from the control of the state of the

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

73000		0. 22,		Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND		of Columbia	: Residence befare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest tawn)	c. LENGTH OF STAY IN 16		utside carporate limits, write RUR ngton	RAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Resmor Hospital	address)	d. STREET ADDRESS 3724 C	umberland St.	N.W. e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) JOHN	Middle FRANCIS	VILLIAMS	4. DATE Month OF DEATH Dec.	Day Year 11, 1959
Male White WIDOWE	DIVORCED [April 21,	1878 last birthday) yrs.	FUNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, wan if refined) Geg. Officer-VA. Adim.	kind of Business or Indu ovt- Retired	Penna.	ar foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Frank Williams		14. MOTHER'S MAIDEN N		
(Yes, no, or unknown) (If yes, give war or dates of service)		nformant So hn Williams	n Addres	T. 40
1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (c)	erelise de	Thrombo	osis o Scleron	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS C 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition given	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Part I ar Part II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m. 19 While at wark	Nat while fa	ACE OF INJURY (Hame, farm tary, street, affice bldg., etc	, 20f. (City or town)	(Caunty) (State
21. I certify that I attended the decease alive an 1210 28 1959, 1959 ACTUAL SIGNATURE SIGNATURE	Jowell	M.D. 5401 7	M, fram the causes and ADDRESS (Street, city or town, str	nw. Wash A
PHYSICIAN'S William L. HO 220. BURIAL, CREMATION, 22b. DATE THEREOF	OWELL	5401 Wes	tern Ave. N.V	W. 12/12/59

23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

13971

Robert A. Pumphrey

Bethesda, Maryland

14,100

VS A15 (4) 15M 9/58

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PERSONAL CONTRACTOR TOWN TOWN TOWN	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13972

CERTIFICATE OF DEATH 72001

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PLACE OF DEATH	ARYLAND 2.	o. STATE District		I. If institution b. COUNTY	20	before admiss	ion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Silver Spring,	AY IN 16	c. CITY OR TOWN (If ou Washingt		mits, write RU	RAL ond give	e nearest town	1)
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	1	d. STREET ADDRESS					FARM?
LeDeau Gardens Mursing Home		+823 Earle	ston Di	rive		YES	NO X
NAME OF First Mid DECEASED (Type or print) WILLIAM C. W	orthing	Lost TON	4. DATE OF DEATH D	Month ecember		/	Year 19 59
6. COLOR OR RACE 7. MARRIED ★ NEVER MAI White WIDOWED □ DIVOR		ATE OF 81RTH 2c. 26, 18	las		Months 2	YEAR IF UNDE	R 24 HRS Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ife Insurance salesman -	S OR INDUSTRY	11. 8IRTHPLACE (Stote of Virgini)		S.	OUNTRY"
3. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA					
George Y. Worthington	4	Nancy Ta	liaferi	00			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (16, so, or unknown) (17 yes, give war ar dates of service) 579-268-3	348 Mrs	RMANT 13308 s. George			ughte	er Interval 86	TWEEN
PART I. DEATH WAS CAUSED BY: 572./ DUE TO	on			114		3 day	S
Conditions, if any, which) (b) Diverticulity	tis, Col	on				1 week	k
gove rise to immediate couse (a), stating the <u>under-lying cause lost.</u>	oks Di	verticulosi	\$				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CON	IDITION GIVE	V IN PART 1	PERFO	AUTOPSY RMED? NO 100
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (E	inter nature af injury in Po	art I ar Port II of	item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While at work at wark	20e. PLACE foctory	OF INJURY (Hame, farm, , street, affice bldg., etc.)	20f. (City or to	wn)	(Cou	inty)	(Stote
21. I certify that I attended the deceased from Dec	19	, 1959 , ta De	ر 21	, 1950 H	nat I last	saw the d	ecease
alive an Dec 21 , 150 and th	at death oc		DDRESS (Street,	city or town, st	tote)	DAT	obove E SIGNE
PHYSICIAN'S Robert T. Thibadeau, M.D.	COLMO	Robert T. 10609 Conc. Kensington	ord St.	u I)ec 21	, 1959	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF C	EMETERY OR CI		22d. LOCATION	(City, town, or	county)	(State	e)
urial 12-24-59 Ivy Hil			Alexand				
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	LI CEIII	24g REC'D	RY REGISTRAR	24b. REGIST	RAR'S SIGN	ATURE	
Robert A. Pumphrey, Bethesda	a, Md.	DATE DE	C 2 8 '59	an	Chur S. 9	Track	

DATE DEC 2 8 '59



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VS A15 (4) 15M 9/58

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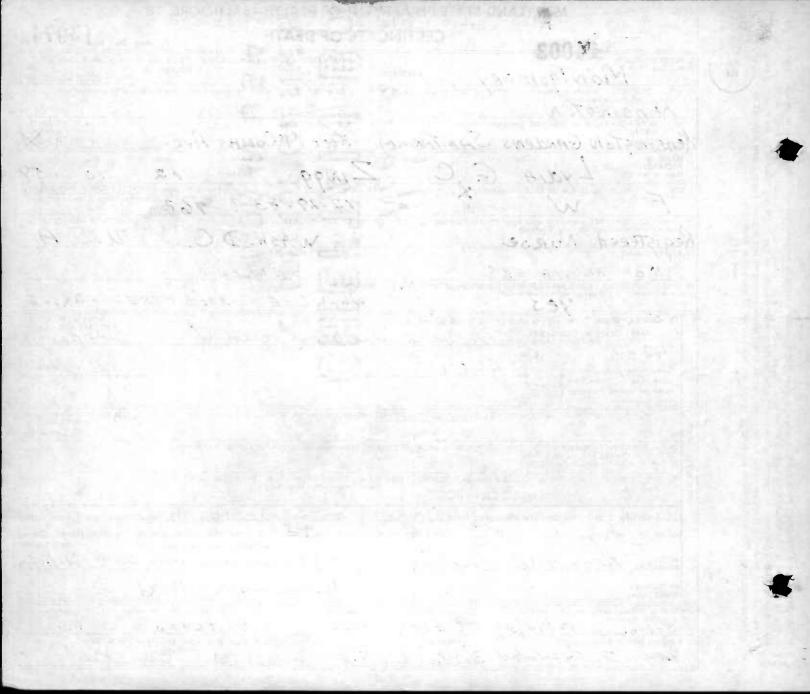
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFIC

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RRED	. (Enter	nature	e of in	jury in	Pof 1	or Por	t II of i	item 18	.)						
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Y OF	CREM	ATORY			22d.	LOCA	TION (City, to	wn, o	r count	y)		(Sto	ote)	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in coffer		🗟 🗢 TO FUNERAL GIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fu	shoul	
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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	CERTIFICATE OF DEATH Reg. Dist. No. 13974
1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY MONTGOMERY MARYLAND O. STATE Maryland b. COUNTY Montgomer
	b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL and give nearest town)
	KensingToN X 2900 Peregow Drive
0	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ACRES OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ACRES OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION ON A FARM? YES D NOW
	3. NAME OF DECEASED (Type or print) Lyd, A & C. Zingo DEATH 2 10 1955
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 12-29-83 9. AGE (In years lost birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (State or foreign country)
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
)	MORGAN WATERS UNKNOWN
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unknown) (If yes, give wor or dates of service) WMJ. COE 2900 PEREGOY DRIVE
2	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED while of work
	22a. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY P2d. LOCATION (City, town, or county) (State) BURIAL 12/14/59 CEDIAR 1+1LL SUITLAND MD
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 1 5 '59 Conclud & Klaus



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 " MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13975

1.41111				Reg. Dist. N	ю.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If		efore admission)
Montgomery	MARYLAND	o. STATE D. C	b. C	OUNTY	V
CITY OR TOWN (If outside corporate limits, write RURA and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	f outside corporate limits	, write RURAL and give	nearest lown)
Bethesda	D.O. A	Washing	tion	47X	-3
d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Suburban		3100 Bra	ndvwine St	N.w	YES NO
3. NAME OF First	Middle	Lost	4. DATE OF	Month Day	y Year
(Type or print) Harold	Z	irkin	DEATH De	27	1950
5. SEX 6. COLOR OR RACE 7. A	MARRIED (NEVER MARRIED (8.	DATE OF BIRTH	9. AGE (In lost birthdo	FUNDER TYEAR	
male white wie	OWED DIVORCED	2.27.0	5 50	yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
For freques	retail	De		M	· S. G.
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME		
HYMAN	ZIRKIN	SA	RAH	HARK	915
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. og uylingwn) (If yes, give war or dates of service)		FORMANT	A	ddress	
NO		WHE.	5AMEA	S IteN	2
18. CAUSE OF DEATH [Enter only one cause pe	r line far (a), (b), and (c).]			INT	ERVAL BETWEEN SET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronau oce	lucer			richlen
4-20.1 DUE TO					
Canditions, if any, which) (b)				3 3 3 3 3 4	
gove rise to immediate couse (0), stating the underlying DUE TO					
couse lost. (c)					
PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITIC	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 2
20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING	SCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Par	rt I or Part II af item 18.)		
ZOG. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.					
3 20c. TIME OF INJURY Month, Day, Year	ft-	E OF INJURY (Home, form		(County)	(Stote)
20c. TIME OF INJURY Month, Day, Year Hour a.m., p. m. 19	While Nat while at work of work	ry, street, affice bldg., etc	.)		
21. I certify that I took charge of		e, held an Autops	y , Inspection	☑. Inquiry [5	and find tha
death resulted from: Natural caus		•		ned cause .	ar arra rina rina
SIGNATURE TRANS A	Troschart	CHIEF MEDICAL EX	XAMINER [DATE SIGNED
		ASSISTANT MEDIC	AL EXAMINER		
NAME (Type) FLANK T. F.	Brosehart	DEPUTY MEDICAL	EXAMINER 🔂	2-27-	59
220. BURIAL, CREMATION, 226. DATE THEREOF 12/30/59	PT. LINCOLN	CREMATORY CEMETERY	22d. LOCATION (City.		(Sigle)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS CO	240. REC 240. REC	D BY REGISTRAR 24b.	REGISTRAR'S SIGNATU	JRE JRE
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